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Urban District and Port of Barry

PUBLIC HEALTH DEPARTMENT

Annual Report

1938

E. I. DAVIES, M.B., B.S. (Lond,), D.P.H.

MEDICAL OFFICER OF HEALTH,
PORT MEDICAL OFFICER,
SCHOOL MEDICAL OFFICER,
MEDICAL SUPERINTENDENT to the
COUNCIL'S HOSPITALS.

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BARRY:
E. J. & I. J. LLEWELLIN

1939

BARRY URBAN DISTRICT COUNCIL.

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Vice-Chairman: Mr. D. T. HOWE.

Members:

Mr. W. T. ACE, J.P.
Mr. H B. ADAMS.
Mr. S. S. AWBERY, J.P.
Mr. W. H. BUTCHER.
Mr. D. J. EVANS.
Mr. R. G. COOK.
Mr. S. BALDWIN EDWARDS
Mr. H. E. HOLBROOK.
Mrs. M. HOLLAND.
Mr. D. T. HOWE, J.P.
Mrs. A. E. IRELAND.
Dr. P. D. RICHARDS.
Dr. P. W. KENT.
Mr. D. J. BOON.
Mr. J. T. MASLIN.
Mr. E. CAWLEY.
Mr. F. A. SHARP.
Mrs. D. REES.
Mr. H. THOMAS.
Mr. A. R. M. ROOK.

Clerk to the Council: Mr. T. D. HOWELLS.

BARRY PORT HEALTH AUTHORITY.

Members:

All the Members of the Urban District Council.

Clerk to Port Health Authority: Mr. T. D. HOWELLS.

COMMITTEES.

EDUCATION COMMITTEE.

Chairman: Mr. D. J. EVANS.
Vice-Chairman: Mr. H. E. HOLBROOK.

All the Members of the Council, and the following co-opted Members:—

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Mr. E. T. GRIFFITHS, M.A., L.es.L.
Mr. J. LLOYD-JONES.
Mr. R. G. RUSSELL.

Secretary of Education: Mr. E. G. HABAKKUK, M.Sc.

HEALTH COMMITTEE, ALSO PORT HEALTH COMMITTEE.

Mr. W. T. ACE, J.P. (Chairman).
Mr. E. CAWLEY.
Dr. P. D. RICHARDS.
Mrs. M. HOLLAND.
Mr. C. B. GRIFFITHS, O.B.E., J.P.
Mr. A. R. M. ROOK.
Mr. D. T. HOWE, J.P.
Dr. P. W. KENT.
Mr. F. A. SHARP.
Mrs. D. M. REES.

MATERNITY AND CHILD WELFARE COMMITTEE.

Dr. P. W. KENT (Chairman).
Mr. C. B. GRIFFITHS, O.B.E., J.P.
Mr. J. T. MASLIN.
Mr. H. B. ADAMS.
Dr. P. D. RICHARDS.
Mr. S. BALDWIN EDWARDS.
Mr. F. A. SHARP.
Mrs. M. HOLLAND.
Mr. W. H. BUTCHER.
Mrs. IRELAND.

Co-opted Members:

Mrs. E. RICHARDS.
Nurse MORGAN.
Mrs. M. J. McQUADE.
Mrs. S. J. ROWLAND.
Mr. W. H. CRUISE.

HOSPITALS' COMMITTEE.

Dr. P. W. KENT (Chairman).
Mr. C. B. GRIFFITHS, O.B.E., J.P.
Mrs. M. HOLLAND.
Mr. H. B. ADAMS.
Mr. F. A SHARP.
Mr. S. BALDWIN EDWARDS.
Mr. J. T. MASLIN.
Mr. W. H. BUTCHER.
Mrs. A. E. IRELAND.
Dr. P. D. RICHARDS.

STAFF.

MEDICAL OFFICER OF HEALTH AND SUPERINTENDENT OF HOSPITALS:
E. I. DAVIES, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., D.P.H.
Also School Medical Officer and Port Medical Officer.

DEPUTY MEDICAL OFFICER OF HEALTH:
W. E. THOMAS, M.B., B.Ch., B.Sc. (Wales), M.R.C.S., L.R.C.P., D.P.H.
Also Assistant School Medical Officer and Deputy Port Medical Officer.

D. COWIN, M.B., Ch.B., L.D.S., R.C.S. (DENTAL SURGEON TO M. & C.W. AND SCHOOL DENTIST).

N. L. M. READER, F.R.C.S. (Eng.), M.S., (Lond.), SURGEON TO ACCIDENT AND SURGICAL HOSPITAL *(Resigned August, 1938).*

J. G. BOWEN, M.B., B.S., (Lond.), F.R.C.S., (Eng.), SURGEON TO ACCIDENT AND SURGICAL HOSPITAL. *(Appointed August, 1938).*

E. W. KINSEY, M.R.C.S., L.R.C.P., D.P.H. (RESIDENT SURGICAL OFFICER).

D. DAVIES, M.R.C.S., L.R.C.P. (HOUSE SURGEON).

B. GLUCK, F.R.C.S., D.O.M.S. (EYE SPECIALIST, *Part-time*).

SYBIL M. MORGAN, M.R.C.S., L.R.C.P.
(MEDICAL OFFICER, GYNAECOLOGY CLINIC, *Part-time*).

SANITARY STAFF. URBAN:
CHIEF INSPECTOR: T. L. SPICKETT.
(Also Appointed Chief Inspector of Port, August, 1938).
INSPECTORS: T. F. HALLIDAY, D. M. EVANS.

SANITARY STAFF. PORT:
CHIEF INSPECTOR: C. HOCKLEY.
(Retired on Superannuation, August, 1938).
INSPECTORS: J. H. LEWIS, J. T. EVANS, J. D. SYME.
RAT SEARCHER: E. H. PROSSER.

MEAT INSPECTOR:
REG. WM. HALL, M.R.C.V.S.

HEALTH VISITORS AND SCHOOL NURSES:
MISS E. C. THOMAS, MISS S. E. GREENE, MISS A. C. REID, MISS E. HANKIN, MISS H. PARR.

DENTAL ATTENDANT: MISS D. V. LEWIS.

GYNAECOLOGY CLINIC, *Part-time:* MRS. M JOHN.

MATRONS:
MISS E. BRIDGES—ACCIDENT AND SURGICAL HOSPITAL.
MISS E. A. MEREDITH—INFECTIOUS DISEASES HOSPITAL.

CLERICAL STAFF:
CHIEF CLERK: W. T. WATHAN.
CLERKS: W. F. VINNICOMBE, W. F. LUCAS, B. PROSSER, W. H. SLEIGHT, MISS P. B. ROWLAND.

PUBLIC HEALTH DEPARTMENT,
WOODLANDS ROAD,
BARRY.

To the Chairman and Members of the Barry Urban District Council.

LADIES AND GENTLEMEN,

I have pleasure in submitting to you my Annual Report for the year 1938.

This Report includes the Annual Health Report based on Circular 1728, the School Medical Officer's Report in the form suggested by the Board of Education, and the work of the Port Health Authority as indicated in Memorandum 204 S/A.

This is the fourth Annual Report I have prepared, but the fiftieth Report issued on the work of the Town and Port of Barry. This, therefore, is a Jubilee Report, and a short history of the progress of Public Health in Barry is in preparation.

POPULATION.

From the undermentioned table certain deductions can be made in regard to population, housing and school accommodation.

Year.	Population.	No. of Houses.	School Accommodation.	No. of Children on Registers.
1881	478	97	No record.	No record.
1891	12,665	2,007	2,446	2,742
1901	27,030	4,715	7,288	5,646
1911	33,763	6,310	8,830	7,135
1921	38,945	6,856	9,009	6.900
1931	38,891	8,341	8,989	6,968
1938	35,810	8,908	9.112	5,673

It will be seen that the population curve after 40 years of unprecedented rise is now rapidly levelling off, cutting down the proportion of children and expanding the proportion of old people. In other words, the population is becoming "top heavy," consisting of fewer youngsters and more old folk. This can again be seen by reference to the school population. Similarly, a curious population wave is passing through the schools, where overcrowding is ceasing to be a problem.

The housing curve obviously does not follow the population curve. This can be accounted for by the fact that although there are fewer children there are more families. The future of the housing problem resolves itself more into one of replacement rather than of expansion. While the level of the population remains steady, each family will require smaller and better houses, at an economic rent with modern labour saving devices.

The local Health Statistics are contained in the body of the Report, and comparisons are made between these and the National Rates as supplied by the Registrar General.

VITAL STATISTICS.

The figures for the year 1938 in regard to Maternity and Child Welfare are highly satisfactory. The number of maternal deaths being one, which gives a Maternal death rate of 1·74 per 1,000 live and stillbirths. The number of births, 551, shows an increase over 1937, raising the birth-rate figure.

It is generally accepted that an increase in the birth-rate is a sign of returning prosperity and the surest sign of a vigorous and flourishing state. This is not altogether correct. It is only after great mortality or under very especial social conditions that a large increase in the birth-rate is a favourable symptom.

The Infant Death Rate figure works out at 31.0 per 1,000 births registered.

The number of Still-births 23, although high, is considerably less than in 1936 or 1937.

Neo-Natal deaths number eleven and account for two-thirds of the total number of deaths of Infants under one year of age.

The "Causes of Death" of children under one year of age is shown in Table IX. It will be noted that nearly one half of these deaths are certified as due to prematurity. The true cause of death both in infants and young people in the absence of a specific disease represents only an unchecked diagnosis as to the actual condition. The desirablity for greater precision of certification by increasing the number of Autopsies is definitely indicated for studies on Infant Mortality. Without increasing considerably the number of Autopsies, our Vital Statistics, the basis of all public health work, are not too scientific. Post Mortems are the only conclusive check on diagnosis and treatment. Even where the cause of death may be reasonably certain a post-mortem examination may reveal much that was unexpected.

Statistics have suffered in reputation because of the seeming truth of the trite statement that one can prove anything by figures. In reality figures are but evidence upon which conclusions may be based. If the evidence is faulty and the faults are not perceived, errors in judgment may result. But this is true of all evidence upon which opinions are based and is no more true of figures and statistics than it is of other kinds of evidence.

HOSPITAL SERVICES.

During the year under review both hospitals were working at full pressure. At the Accident and Surgical Hospital the number of in-patients and out-patients showed an increase over the previous year. Details of costing at this Institution were given in my Report for 1937. The items relating to expenditure upon staff-pay continue to show in total an increase in cost per patient week. This is due to the necessity for strengthening the staff in certain directions, mainly nursing and domestic staff, and to various minor improvements in rates of pay and conditions of services, involving reduction in hours and compensating additions to the staff.

Certain engineering and works services require modernising, but the pruning of the hospital estimates has unfortunately postponed these necessary alterations.

At the Infectious Diseases Hospital certain modern engineering services have also been deleted from the estimates from year to year. In both cases the reason given being financial depression. Health cannot be assessed in £ s. d. The value of pruning the health estimates is a doubtful policy. It may be wise that the annual pruning of the "Health Tree" might be spared for a year or so, in order to try out the effects. The object of pruning is to minimise waste and concentrate growth in such parts as are likely to produce the best results.

PORT HEALTH SERVICE.

During the year the work of this Department has been re-organised following a survey by a Medical Officer of the Ministry of Health during 1937. Reference to this will be seen in the Port Health Section of this Report.

In my Report of 1936 emphasis was laid on the importance of improving *(a)* conditions under which seamen live, and *(b)* the methods of food storage on tramp steamers. The importance of these problems cannot be questioned at the present time. During the Great War the men of the mercantile marine saved the country from starvation. But memories have a short life, whilst a raw deal has a long one. Nobody is better acquainted with the raw deal than the sailor. The average seaman still works the longest hours of any worker (this is especially so in coastwise vessels) Although in new ships accommodation and crews spaces show great improvement, there are still many ships with unsatisfactory living quarters.

During the year a special report on "The Incidence of Tuberculosis amongst Seafarers" was submitted to the Port Health Authority, a copy of which appears following Table V in this Section. The bearing of diet on the Incidence of Tuberculosis is of primary importance. Whilst admitting that under the Merchant Shipping Act, 1906, marked improvement of the scale of provision for ships crews was laid down, there are still dietetic deficiences in the statutory scale of provisions. Crews often complain very bitterly of the absence of fresh vegetables and green foods generally, which are so badly needed by the men in hot climates. At present, climate does not in any material way alter the Board of Trade Scale, and what is considered suitable for cold climates is apparently considered equally suitable in the warmer climates.

SCHOOL MEDICAL SERVICES.

The outstanding feature in this department during the year was the introduction of a scheme of voluntary immunisation against Diphtheria. Figures relating to school children are given under the heading dealing with the "Control of Infectious Diseases."

Under Section 9 Provision of Meals, it will be noted that in Barry full advantage of the "Milk in Schools Scheme" has been taken. During the year the percentage figure of children receiving milk was 60.8. This figure is considerably above the average figure for Wales, which was 47.6 and also above the average for England and Wales, which in March, 1938, was 53.1. As regards the provision of mid-day meals there is a considerable fall in the number of children provided with free dinners, this can be accounted for largely by an increasing number of people being above the necessitous scale of income. Whilst admitting that the provision of milk and meals has played a highly important part in improving the physique of school children, and in making the work of medical inspection more fruitful of good results the basis on which they are provided is open to question. The present grounds for selection of free milk and free meals is Medical—economic instead of purely economic.

GENERAL.

During the year several important Staff changes took place. Consequent upon the resignation of Mr. Reader, Surgeon to the Accident and Surgical Hospital, Surgeon to Ear, Nose and Throat Clinic, and Medical Officer in charge of the Ante-Natal Clinic, re-arrangement of several important duties took place. Dr. W. E. Thomas, Deputy Medical Officer of Health was appointed to conduct the work of the Ante-Natal Clinic. Continuity of supervision of mother and child is therefore carried out as far as possible by the same Medical Officer. At the same time he was relieved of the work of the refraction clinic. The treatment of defective vision and major diseases of the eye is now performed by a part-time Eye Specialist, Dr. Bernard Gluck. This is a distinct advance on the former system and is in accordance with Circular 1621 as to arrangements made by the Education and Maternity and Child Welfare Committees for the treatment of defective vision and diseases of the eye. The vacant position of Surgeon was filled by Mr. J. G. Bowen, who was also appointed Ear, Nose and Throat Surgeon for the School Medical and Maternity and Child Welfare Clinics. Early in the year Mr. C. Hockley retired on superannuation after nearly forty years service under this Authority. Mr. T. L. Spickett who was already Chief Town Inspector was appointed to the combined position of Chief Town and Chief Port Health Inspector.

Finally, like all departments of local Government, the Public Health Service has been suffering from acute "growing pains" of various kinds for the past few years. There is nothing very alarming in this as the symptoms are bound to appear sooner or later in any administrative organism when it rapidly increases in size and responsibility. Many of the problems of Public Health are complicated with economic and social difficulties, and at certain points the control of disease conflicts with economics,—to mention one disease, Tuberculosis is a typical example. The prevention of Tuberculosis has become not only a Medical but also a Sociological problem. Poverty with its attendant hardships—poor food, bad housing, overcrowding, overwork and worry—diminishes resistance to the disease; while prosperity which buys good food, rest, change of air and scene, choice of occupation and diversion decreases the chance of infection, increases the resistance and avoids contact with the infection.

In conclusion, I wish to thank the Members of the Council for their kindness and support and the officers of the Health and other departments for their continued assistance and co-operation.

I am,
Your obedient servant,
E. I. DAVIES.

GENERAL HEALTH SERVICE.

STATISTICS AND SOCIAL CONDITIONS.

AREA.—4,265.6 acres.

POPULATION.—

For the statistical purposes of this Report the Registrar General's mid-year 1938 estimate of 35,810 has been used.

Number of inhabited Houses (end of 1938) according to Rate Books—8,908.

RATEABLE VALUE.—£214,065. Sum represented by one penny rate—£723 14s. 7d.

CHIEF OCCUPATIONS OF THE INHABITANTS.—The inhabitants are largely employed at the Docks, which are mainly used for the export of coal. The occupations are chiefly ship-repairers, boilermakers, fitters, coal-trimmers, coal-tippers, railway workers, millers, moulders and seamen.

These trades are susceptible to changes, and in many instances employment has become casual, but fortunately the health of the community has not been affected.

Barry is not only a coal exporting town but also a holiday centre. It is endowed with an exceptionally health-giving climate, also many natural beauties and amenities which have been well supplemented by public enterprise. The climate is temperate and equable, but very bracing. There is an abundance of sunshine, the yearly average being 1,500 hours. Its reputation as a seaside resort is firmly established. Besides its own places of historical and antiquarian associations, the immediate neighbourhood is full of interest, there being a wealth of old world villages and ancient castles in the area.

EXTRACTS FROM VITAL STATISTICS.

		Total.	M.	F.		
Live Births	Legitimate	534	291	243	Birth Rate per 1,000 of the estimated resident population	15.38
	Illegitimate	17	10	7		
Stillbirths		23	12	11	Rate per 1,000 total (live and still-births) births	40.07
Deaths		464	253	211	Death Rate per 1,000 of the estimated resident population	12.95
Deaths from diseases and accidents of pregnancy and childbirth					from sepsis	0.0
					from other causes	1.74

Death rate of Infants under one year of age:—

All infants per 1,000 live births	31.0
Legitimate infants per 1,000 legitimate live births	31.0
Illegitimate infants per 1,000 illegitimate live births	0.0
Deaths from Measles (all ages)	—
Deaths from Whooping Cough (all ages)	1
Deaths from Diarrhoea (under 2 years of age)	1

VITAL STATISTICS.—Table I shows the vital statistics of the district during the years 1934 to 1938.

TABLE I.

Year.	Population estimated to Middle of each Year	Births.		Total Deaths Registered in the District.		Transferable Deaths Non-residents registered in the District.	Transferable Deaths of Residents not registered in the District.	Nett Deaths belonging to the District.			
		Nett.						Under 1 year.		At all ages.	
		No.	Rate.	No.	Rate.			No.	Rate per 1,000 nett Births.	No.	Rate.
1938	35,810	534	15.38	420	11.7	75	119	17	31.0	464	12.95
1937	35,950	495	13.76	374	10.4	95	106	29	59.0	480	13.35
1936	36,680	560	15.26	307	8.36	41	117	26	46.4	424	11.55
1935	37,410	606	16.19	354	9.46	13	110	31	51.15	451	12.05
1934	37,938	609	16.05	384	10.12	14	86	41	67.32	456	12.02

CAUSES OF DEATH.—Table II shows the classification of the causes of death as recorded by the Registrar General

TABLE II.

	CAUSES OF DEATH.	MALES.	FEMALES.	Rate per 1,000 Population.
	All Causes	253	211	12.95
1.	Typhoid and Paratyphoid Fevers	—	—	—
2.	Measles	—	—	—
3.	Scarlet Fever	—	—	—
4.	Whooping Cough	—	1	0.0279
5.	Diphtheria	2	3	0.1396
6.	Influenza	2	1	0.0837
7.	Encephalitis Lethargica	—	—	—
8.	Cerebro-Spinal Fever	—	—	—
9.	Tuberculosis of Respiratory System	15	19	0.9494
10.	Other Tuberculous Diseases	4	3	0.1954
11.	Syphilis	4	—	0.1116
12.	General Paralysis of the Insane, Tabes Dorsalis	2	—	0.0558
13.	Cancer, Malignant Disease	39	31	1.9547
14.	Diabetes	3	5	0.2234
15.	Cerebral Haemorrhage, &c.	8	14	0.6143
16.	Heart Disease	76	62	3.769
17.	Aneurisym	1	2	0.0837
18.	Other Circulatory Diseases	17	10	0.754
19.	Bronchitis	6	5	0.307
20.	Pneumonia (all forms)	8	5	0.363
21.	Other Respiratory Diseases	2	1	0.0837
22.	Peptic Ulcer	6	1	0.1954
23.	Diarrhoea, &c. (under 2 years)	1	—	0.0279
24.	Appendicitis	1	1	0.0558
25.	Cirrhosis of Liver	3	—	0.0837
26.	Other Diseases of Liver, &c.	2	1	0.0837
27.	Other Digestive Diseases	4	1	0.1396
28.	Acute and Chronic Nephritis	9	6	0.418
29.	Puerperal Sepsis	—	—	—
30.	Other Puerperal causes	—	1	0.0279
31.	Congenital Debility, Premature Birth, Malformations, &c.	6	5	0.307
32.	Senility	1	7	0.2234
33.	Suicide	4	6	0.279
34.	Other Violence	10	4	0.39
35.	Other Defined Diseases	17	16	0.921
36.	Causes ill-defined or unknown	—	—	—
	Special Causes (included above) :—			
	Small Pox	—	—	—
	Poliomyelitis	—	—	—
	Polio-encephalitis	—	—	—
	Deaths of Infants under one year — Total	10	7	—
	Legitimate	10	7	—
	Illegitimate	—	—	—
	Live Births — Total	301	250	15.38
	Legitimate	291	243	—
	Illegitimate	10	7	—
	Stillbirths — Total	12	11	0.64
	Legitimate	12	10	—
	Illegitimate	—	1	—
	Population			35,810

BIRTHS.—According to the Registrar General the births in Barry during 1938 numbered 551 (301 males and 250 females), this being 56 more than last year. The birth-rate was 15.38 as compared with 13.76 in 1937.

The illegitimate births registered during 1938 numbered 17 (10 males and 7 females).

From the weekly returns of the Local Registrar the total number of births amounted to 511 (271 males and 240 females).

DEATHS—The number of deaths for the year was 464, of this total 253 were males, and 211 females. The death-rate from all causes was 12.95 per 1,000 population, compared with 13.35 for the previous year.

The deaths for all ages for the year were as follows:—

Under one year	17
One and under two years	4
Two and under five years	6
Five and under fifteen years	9
Fifteen and under twenty-five years	21
Twenty-five and under forty-five years	63
Forty-five and under sixty-five years	112
Sixty-five and upwards	232
Total	464

The number of deaths in each ward are shown as follows:—

Cadoxton	91
Castleland	56
Court	58
Dock	46
High Street	57
Holton	93
Park	63
Total	464

Of the 464 deaths, 424 were certified by registered medical practitioners, the District Coroner certified 39 deaths, and 1 death was uncertified.

The variation in the mortality from selected causes at all ages during the year can be conveniently followed in Table II.

INFECTIOUS DISEASES.—These, including tuberculosis, are dealt with in the part of the Report devoted specially to infectious diseases.

CANCER AND OTHER MALIGNANT DISEASES.—The Cancer death-rate for 1938 was 19.5 per 10,000 of the population as compared with a rate of 17.8 per 10,000 in 1937.

HEART DISEASE.—Deaths from this disease show an increase, the death-rate in 1938 was 37.69 per 10,000 of population as against 33.65 per 10,000 for 1937.

BRONCHITIS.—The death rate for 1938 was 3.07 per 10,000 of the population as compared with 2.50 for 1937.

TABLE III.

Birth-Rate, Death-Rate, and Analysis of Mortality during the Year 1938.

	Rate per 1,000 Total Population.		Annual Death Rate per 1,000 Civilian Population.								Rate per 1,000 Births.	
	Live Births.	Still Births.	All Causes.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Diarrhoea and Enteritis under 2 years.	Total Deaths. under 1 year.
England and Wales....	15.1	0.6	11.6	0.0	0.0	0.04	0.01	0.03	0.07	0.11	5.5	53
126 Great Towns, including London	15.0	0.65	11.7	0.0	0.0	0.05	0.01	0.03	0.07	0.10	7.8	57
148 Smaller Towns (Adjusted Populations, 25,000—50,000)	15.4	0.6	11.0	0.0	0.0	0.03	0.01	0.02	0.06	0.11	3.6	51
London	13.4	0.48	11.4	0.0	0.0	0.06	0.01	0.03	0.05	0.06	13.1	57
BARRY	15.3	0.64	12.9	0.0	0.0	0.0	0.0	0.027	0.13	0.08	1.8	31

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

PUBLIC HEALTH STAFF.—A complete list of the Public Health Officers can be found in the front portion of this Report.

NURSING IN THE HOME.—*(a)* There is one Private Nursing Home in the District for Maternity cases.

(b) General Nursing is carried out by the Barry District Nursing Association who visit any patient on being communicated with by the Doctor in attendance on the case.

LABORATORY SERVICE.—The following table shows the results of examinations of suspected specimens sent to the Cardiff and County Public Health Laboratory during the year.

TABLE IV. BACTERIOLOGICAL EXAMINATIONS, 1937.

Specimens.	Number.	Results. Negative.	Results. Positive.
Suspected Diphtheria	2,469	1,974	495
Suspected Enteric	2	2	—
Suspected Ringworm	1	1	—
Suspected Tuberculosis	60	53	7
Other Examinations	1	1	—
Totals	2,533	2,031	502

LEGISLATION IN FORCE.—A detailed statement of local Acts in force, also Bye-laws and Regulations operative in the district, appeared in my Annual Report for 1935.

HOSPITALS.

(1) TUBERCULOSIS.—The Sully Hospital is maintained by the King Edward VII Welsh National Memorial Association, and accommodation is provided for 300 patients—150 men and 150 women. In addition, there are five Post-operative Recovery Beds and six beds for Sick Staff. Of the 300 beds, 250 are for cases of pulmonary tuberculosis and 50 for pulmonary cases who have articular lesions.

It is situated on the shores of the Bristol Channel, about seven miles south-west of Cardiff, and stands in 94 acres of ground. Some 69 acres of foreshore have also been acquired. The site is sheltered from the North, East and West by a belt of trees.

The design of the hospital includes the most modern ideas in tuberculosis hospital construction. The patient accommodation consists of six 50 bedded ward units on three floors, the male units being on the east side and the female units on the west side, all facing the sea. The hospital is of compact design, and long connecting corridors have been avoided. There are adequate kitchen, laundry, staff and administrative buildings and X-Ray and operation units.

The capital cost of the institution is estimated at £248,000, approximately representing a cost per patient bed of £827.

The types of patients admitted can be divided into the following categories:—

(1) Patients with acute limited disease, who, after a period of rest in bed, will improve sufficiently to be transferred to a Sanatorium; also the acute type that rapidly goes downhill.

(2) Patients with chronic moderately advanced disease but who will never be fit for a Sanatorium.

(3) Patients with far advanced disease.

(4) Patients with combined lesions, e.g., Lungs and Joints.

(5) Patients who need major operative interference—such as Thoracoplasty, etc.

(6) Patients with doubtful disease who are sent in for a period of "observation" for the purpose of establishing a diagnosis.

An account of the working of this Hospital can be found in the Annual Report of the Welsh National Memorial Association.

(2) MATERNITY.—No provision has been made locally for reception of maternity cases. The existing arrangements are working satisfactorily and during the year the following cases were admitted to hospital for confinement either by reason of unsuitable home conditions or as complicated cases of pregnancy. The total number admitted during 1938 was 42, and may be classified as follows—

Cæsarean	1
Complicated emergency	1
Eclampsia	2
Hæmorrhage	2
Home conditions	11
Incomplete abortion....	2
Kidney trouble	1
Laryngitis	1
Mal position	1
Miscarriage	1
Mitral Stenosis	1
Nephritis	1
Phlebitis	1
Pyelitis	3
Small pelvis	3
Retained placenta	2
Termination of pregnancy	1
Threatened abortion....	2
Toxæmia	1
Toxic albuminuria	3
Prolonged labour	1
Total	42

(3) CHILDREN.—There is no local children's hospital. A small children's ward for accident and surgical cases is provided at the Council's Accident and Surgical Hospital.

(4) FEVER.—Cases of scarlet fever and diphtheria are treated at the Isolation Hospital, Colcot Road, the number of beds available being 42.

During the year this hospital was in continuous use and at several periods was working at full pressure. The total number of cases treated being 476.

On account of the fact that there are no cubicle wards in this hospital, the Council have made arrangements with the Cardiff City Council to receive patients suffering from diseases of the enteric group, cerebro-spinal meningitis, acute poliomyelitis, encephalitis lethargica, erysipelas, and meningitis other than tuberculous.

The charge for these cases is based on the cost per patient day for each previous year. For 1938 this worked out at 8/6d. per patient day.

SUMMARY OF CASES TREATED DURING 1938.

TABLE V.

Disease.	Remaining Dec. 31st, 1937	Admissions.												Totals.	
		January.	February.	March.	April.	May.	June.	July.	August.	September	October.	November.	December.	Cases.	Deaths.
Scarlet Fever	10	9	7	9	15	15	8	5	3	10	8	5	3	107	—
„ „ (observation) ...	—	1	—	—	—	—	1	—	2	—	—	—	—	4	—
Diphtheria	15	26	26	17	12	22	20	10	26	36	30	20	34	294	5
„ (observation) ...	—	2	2	2	6	3	1	7	3	3	19	19	4	71	—
Broncho Pneumonia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	25	38	35	28	33	40	30	22	34	49	57	44	41	476	5

(5) SMALL POX.—The Small Pox Hospital of 12 beds situated off the Weycock Road has had no case for several years. This applies generally throughout the country. Small Pox evidently being a disease practically extinct. The question of continuing to keep an idle building of this kind should engage the immediate attention of the Council. In my opinion this Hospital could serve a far more useful purpose for other conditions of ill-health especially in view of the fact that the prevalence of variola in this country might be approaching an end, in a similar way to Cholera, Plague and Yellow Fever.

(6) ACCIDENT AND SURGICAL HOSPITAL.—This is a 31 bedded hospital situated in Wyndham Street, overlooking the Central Park. It is a modern and up-to-date Surgical Hospital. It deals with acute surgical cases of all types. It consists of (1) In-Patient Department including Male, Female and Children's Wards, and (2) Out-Patient Department. In addition it has a Fracture Unit for fracture and accident cases, as well as X-Ray, Massage and Electro-Therapeutic Department. This hospital is managed by the Hospitals' Committee of the Council.

The present medical staff consists of—

Medical Superintendent,
Surgeon,
Resident Surgical Officer,
House Surgeon.

The nursing staff consists of Matron and seventeen nurses, also a Masseuse.

The work performed at this hospital is shown in the undermentioned tables.

In-Patients.

Patients remaining in hospital on January 1st, 1938	31
Patients admitted up to Dec. 31st, 1938	993
Total	1024

Patients remaining in hospital, December 31st, 1938	28
Patients discharged, cured or relieved	962
Patients died	34
Total	1024

Total number of days spent in hospital	10,755
Average number of days per patient spent in hospital	10.5

Operations.

Major operations performed	1045
Minor operations performed	1487
Total	2532

Operations for removal of Enlarged Tonsils and Adenoids	165

Anaesthetics.

General anæsthetics administered	648
Local anæsthetics administered	500
Spinal anæsthetics administered	430
Nitrous Oxide administered	203
Evipan	34
	1815

Road Accidents.

	Residents.	*Non-Residents.*
Treated	12	15
Detained	14	7
Totals	26	22

Out-Patients.

Total number of attendances in out-patient dept	17,113

The waiting list continues, but has decreased and approximates:—
9 men, 18 women, and 4 children, making a total of 31.

COSTING.—The main factors influencing cost of maintenance per patient per week in this hospital was dealt with in the issue of this volume for the year 1937.

TABLE VI.

CLASSIFICATION OF IN-PATIENTS DISCHARGED OR DIED IN HOSPITAL 1938.

	Disease Groups.	Children (under 16 years of age).		Men and Women.	
		Discharged	Died.	Discharged	Died.
A	Acute Infectious Disease	—	—	—	—
B	Influenza	—	—	1	—
C	Tuberculosis—Pulmonary	—	—	—	—
	Non-Pulmonary	2	—	6	1
D	Malignant Disease	—	—	26	6
E	Rheumatism: 1. Acute	—	—	—	—
	2. Non-Articular Manifestations of "Rheumatism"	—	—	1	—
	3. Chronic Arthritis	—	—	1	—
F	Venereal Disease	—	—	—	—
G	Puerperal Pyrexia	—	—	—	—
H	Other Diseases and Accidents connected with Child Bearing	—	—	—	—
I	Mental Diseases	—	—	—	—
J	Senile Decay	—	—	—	—
K	Violence	67	—	126	6
L	Disease of Nervous System and Sense Organs	11	—	3	1
M	,, ,, Respiratory System	2	—	2	1
N	,, ,, Circulatory System....	—	—	1	—
O	,, ,, Digestive System	246	1	291	15
P	,, ,, Genito-Urinary System	4	—	89	2
Q	,, ,, Skin	3	—	12	—
R	Other Diseases	17	—	51	1
S	Mothers and Infants Discharged	—	—	—	—
	Totals	352	1	610	33

AMBULANCE FACILITIES.—The Council are in possession of two modern ambulances, one for the removal of accident and surgical cases, and the other for the removal of infectious diseases to the various Isolation Hospitals for which the Council have made provision. Details of the journeys will be found in the undermentioned table.

TABLE VII.

Name of Service.	Number of Journeys within the Barry Area.	Number of Journeys outside the Barry Area.	Totals.
Public Health Service	222	19	241
School Medical Service	147	6	153
Maternity and Child Welfare Service	91	33	124
Accident and Surgical Hospital	1,618	59	1,677
Infectious Diseases Hospital	1,398	6	1,404
Small Pox Hospital	8	—	8
Port Sanitary Authority	73	31	104
Miscellaneous	33	—	33
Totals	3,590	154	3,744

CLINICS AND TREATMENT CENTRES.—Table VIII shows the Clinics and Treatment Centres established in the area.

TABLE VIII.

Centres.	Where Situate.	Accommodation.	By whom provided.
M. & C.W. Centres.			
1. Barry Dock	Public Health Centre, Woodlands Road, Barry Dock	Consulting Room, Nurses' Room, Waiting-Room, Perambulator Shed and Lavatory	Barry Urban District Council.
2. Barry Island	Friars Road, Barry Island	Three Rooms and Perambulator Shed, Lavatory	
School Clinic.			
1. Barry Dock	Public Health Centre, Woodlands Road	Consulting Room, Nurses' Room, Waiting Room, Dental Clinic, Recovery Room, Eye Clinic, Offices and Storeroom	Barry Education Committee.
2. Barry Island	Friars Road,	See M. & C.W. Centre	
Tuberculosis Centre	28, Dock View Road, Barry Dock	Consulting Room and Waiting Room	Welsh National Memorial Association.
Treatment Centre for Venereal Diseases	Public Health Centre, Woodlands Road, Barry Dock	Consulting Room, Attendants' Room, Treatment Room, and Waiting Room, Lavatories	Glamorgan County Council.
Ante Natal Clinic	Buttrills Estate, Barry Dock	Consulting Room, Nurses' Room, Waiting Room	Barry Urban District Council.
Gynaecological Clinic	Buttrills Estate, Barry Dock	Consulting Room, Nurses' Room, Waiting Room	Barry Urban District Council.

MATERNITY AND CHILD WELFARE.

(a) INFANT MORTALITY.—There were 551 births during the year, and 17 deaths of children under one year, resulting in an infant mortality rate of 31 per 1,000 births registered, as compared with 59 for 1937.

Inquiries into the causes of death show that of the 17 deaths under one year of age, the mothers' health during pregnancy was good in 11 cases. In one case there was a history of an accident to the mother during pregnancy, whilst the remaining 5 were stated to be in poor health.

The infant death rate of 31 is easily the lowest on record. The number of still-births, namely 23, although high is less than in 1936 or 1937. The neo-natal deaths number 11 and account for nearly two-thirds of the total number of deaths of infants under one year of age. In the vast majority of cases the cause of death is given as Prematurity. This vague certification is of little value in any scientific investigation for the purpose of reducing the high proportion of neo-natal deaths.

The number of births show an increase over 1937, raising the birth-rate from 13.76 to 15.38.

The figures for the year 1938 in regard to Maternity and Child Welfare are highly satisfactory.

TABLE IX.

1938. Nett deaths from stated causes at various ages under 1 year of age.

Causes of Death.		Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total Number 4 Weeks.	4 Weeks and under 3 Months	3 and under 6 Months.	6 and under 9 Months.	9 and under 12 Months.	Total Deaths under 1 Year.
All causes	Certified	8	2	—	1	11	—	3	—	3	17
	Uncertified	—	—	—	—	—	—	—	—	—	—
Asphyxia Pallida		1	—	—	—	1	—	—	—	—	1
Bronchitis		—	—	—	—	—	—	1	—	—	1
Broncho Pneumonia		—	—	—	—	—	—	—	—	2	2
Congenital Malformation of Heart		1	—	—	—	1	—	—	—	—	1
Congenital Valvular Disease of Heart		1	—	—	—	1	—	—	—	—	1
Gastro-Enteritis		—	—	—	—	—	—	1	—	—	1
Marasmus		—	—	—	1	1	—	—	—	—	1
Prematurity		5	2	—	—	7	—	—	—	—	7
Tubercular Meningitis		—	—	—	—	—	—	—	—	1	1
Whooping Cough....		—	—	—	—	—	—	1	—	—	1
Totals		8	2	—	1	11	—	3	—	3	17

Nett Births	Total	551	Nett Deaths under one year of age	Total	17
	Legitimate	534		Legitimate Infants	17
	Illegitimate	17		Illegitimate Infants	—

Stillbirths	Total	23
	Legitimate	22
	Illegitimate	1

(b) NOTIFICATION OF BIRTHS.—During the year 529 live births (284 males and 245 females) and 14 stillbirths (10 males and 4 females) were notified under the provisions of the Notification of Birth Acts.

The midwives notified 507 live births and 14 stillbirths, whilst parents and doctors notified 22 live births.

MIDWIFERY SERVICE.—An account of the working of the Midwives Act, 1936, was given in detail in my 1937 Report.

The practice of obstetrics in this country has undergone some radical changes during recent years. Patients who can afford it now go into nursing homes or hospitals to be delivered by a specialist, while the vast majority of the nation's mothers make use of the midwives provided for them by the Midwives Act, 1936.

The increasing number of admissions to hospital for confinement is shown by the fact that the number admitted during 1938 was nearly double the figure for the previous year. Details of these cases are given in paragraph 2 under Hospital arrangements.

(c) MATERNAL MORTALITY.—There was only one maternal death during the year from other puerperal causes, there being no death from puerperal sepsis. The maternal death rate equals 1.74 per 1,000 live and still-births. The respective figures for puerperal sepsis and other puerperal causes, are puerperal sepsis 0.0 and other puerperal causes 1.74 as compared with 5.69 and 1.89 for 1937. This is a highly satisfactory state of affairs.

Brief details of the cause of death are as follows:—

> The mother was delivered of a full-term stillborn baby. She was attended at confinement by both doctor and midwife. The cause of stillbirth may be attributed to the fact of prolonged labour and malpresentation. There was a history of pleurisy and pneumonia during the sixth month of pregnancy. The patient died two hours after delivery. The cause of death being—Pulmonary embolism.

(d) HEALTH VISITING.—Visits paid by the Health Visitors during the year:—

To Expectant Mothers	(1) First Visits	194	(2) Total Visits	284
To Infants under one year	(2) First Visits	497	(2) Total Visits	2,656
To Children, one to five	....	....	Total Visits	3,212

INFANT FEEDING.—The following table shows the method of feeding of children under one year of age.

TABLE X.

Nature of Food.	New Births.	Two Months.	Four Months.	Seven Months.	Nine Months.	Twelve Months.	Totals.
Breast only	423	305	222	148	14	—	1,112
Breast and Cow's Milk	10	8	10	7	8	—	43
Breast and other Foods	15	25	35	58	74	2	209
Cow's Milk only	11	21	29	29	23	—	113
Dried Milk only	36	88	127	129	70	1	451
Milk and other Foods	—	4	3	25	137	95	264
Condensed Milk and Patent Foods	2	20	26	28	20	4	100
Other Foods	—	—	—	12	74	278	364
Total	497	471	452	436	420	380	2,656

ANTE-NATAL CLINIC.

The Ante-Natal Clinic is held once weekly in temporary premises on the Buttrills Estate. While the building serves the purpose, it is somewhat inaccessible to the greater number of those who attend, and it is to be hoped that the day will not be far distant when a new clinic will be available for this most important branch of the Maternity and Child Welfare Service.

Ante-Natal Clinics belong to two categories:—

(a) The consulting clinic.
(b) The clinic for routine examinations.

The Barry clinic being in the latter class.

The personnel consists of the Deputy Medical Officer of Health, two health visitors, and the invaluable services of a voluntary helper.

The percentage of patients who attended the clinic of the total confinements in Barry for 1938 was 30·57 or approximately one third, which is much the same figure as the previous year.

The attendances at the Clinic for 1938 being:—

Number of expectant mothers	166
Total number of attendances	550
Number of sessions	50

The object of the clinic is to prevent any complications of pregnancy, and examinations are made to this end.

Advantages are (1) advice can be given as to the hygiene of pregnancy including suitable diet, type of clothes to be worn, exercise to be taken, and other matters, (2) early signs of toxæmia of pregnancy detected, (3) diseases aggravated by pregnancy can be alleviated by giving suitable instructions, e.g., pulmonary tuberculosis, heart disease and nephritis. (4) By routine obstetrical examination, any disproportion is made out and recognition and correction of malpresentation, e.g., breech presentations are secured.

Most cases are referred for consultation by midwives and reports are made regularly to them with instructions on cases of complication to call in the patient's own doctor. The patients sent by their own doctor are of course referred back with a report, while the consent of the private practitioner is obtained before examination is made in those cases that attend on their own.

The health of the mothers generally was good, and a pleasing feature was the small number who showed evidence of toxæmia of pregnancy, only six developing any albuminuria. Those cases which showed any signs of anæmia and malnutrition and were in poor circumstances were granted milk on medical grounds, and concentrated vitamin tablets were also prescribed with beneficial results.

Thirteen cases were recommended for admission to the City Lodge Hospital, seven being complicated cases of pregnancy where a doctor had not been engaged, and six on account of unsuitability of the home.

Many mothers attended merely for confirmation of pregnancy and would not return for further advice if it were not for the fact that the health visitors systematically follow up cases which do not keep their appointments, and all praise must be given them for the valuable work which they do.

Home Visiting of Children under School age. The following table shows the results of 3,212 visits to children under five years of age:—

TABLE XI.

Age.	Number Visited.	Number Defective.	Referred Own Doctor.	Referred to Clinic.
15 Months	372	61	20	41
18 Months	422	47	11	36
21 Months	402	50	17	33
2 Years	421	48	16	32
2½ Years	374	36	8	28
3 Years	346	45	10	35
3½ Years	388	41	12	29
4 Years	268	27	6	21
4½ Years	191	12	5	7
5 Years	28	5	1	4
Totals	3,212	372	106	266

(e) MATERNITY AND CHILD WELFARE CENTRES.—Three half-days a week have been set apart for the work of this branch of the Public Health Service.

During 1938 the following attendances have been made at the Centres:—

	Barry Dock.	Barry Island.	Total.
Expectant Mothers	231	53	284
Babies (under one year)	3,601	576	4,177
Children (under School age)	1,025	541	1,566
Totals	4,857	1,170	6,027

GYNÆCOLOGICAL CLINIC.—

This Clinic functions for the dual purpose of giving advice to mothers suffering from complaints peculiar to women, and advice on contraception where pregnancy would be detrimental to the health of the mother.

During the year the Clinic was opened on 23 sessions and 220 attendances were made, making an average of 9.6 patients per sessions. 41 new cases were seen and the remainder re-visits.

Table XII shows the classification of Diseases and Defects discovered at the Welfare Centre during 1938.

Defect or Disease.	Children under one year.	Children one and under five.	Total.
Diseases due to Disorders of Nutrition.			
Inanition	—	—	—
Rickets	3	8	11
Malnutrition	43	55	98
Diseases caused by Infection.			
Whooping Cough	6	4	10
Chicken Pox	4	2	6
Diarrhoea	19	11	30
Syphilis Congenital	—	—	—
Pyrexia (uncertain origin)	1	1	2
Ringworm (Head)	—	—	—
Ringworm (Body)	1	6	7
Measles	4	1	5
Mumps	—	6	6
Diphtheria	1	6	7
Scarlet Fever	1	1	2
Skin Diseases.			
Scabies	1	8	9
Impetigo	6	35	41
Other Diseases	57	68	125
Eye.			
Blepharitis	—	2	2
Conjunctivitis	8	8	16
Squint	—	4	4
Other Conditions	14	8	22
Ear.			
Otitis Media	10	28	38
Other Conditions	17	13	30
Nose and Throat.			
Adenoids and Enlarged Tonsils	—	20	20
Adenoids	—	—	—
Other Conditions	8	82	90
Dental Caries	1	14	15
Enlarged Cervical Glands	3	10	13
Heart and Circulation.			
Congenital Heart Disease	—	—	—
Anaemia	13	15	28
Disease of Lungs.			
Bronchitis	22	16	38
Other Non Tubercular Diseases	31	37	68
Pulmonary Tuberculosis (suspected)	—	—	—
Other Forms of Tuberculosis	—	—	—

TABLE XII *(continued)*.

Defect or Disease.	Children under one year.	Children one and under five.	Total.
Diseases of Digestive System.			
Conditions of Mouth, Stomach and Bowels	189	74	263
Umbilical Hernia	51	7	58
Hernia	6	2	8
Diseases of Nervous System.			
Mentally Deficient	—	3	3
Other Conditions	—	5	5
Disease of Generative System.			
Phimosis	58	9	67
Hydrocele	—	—	—
Other Conditions	8	5	13
Congenital Deformities.			
Talipes Equino-Varus	3	2	5
Cleft Palate	—	—	—
Infantile Paralysis	—	—	—
Other Conditions	8	27	35
Minor Injuries	3	32	35
Other Disease or Defects	29	27	56

	Under one year.	One and under five.	Total.
(a) Number of children having defects to be kept under observation, or referred for treatment	355	451	806
(b) Number of Individual children not requiring observation or treatment	97	38	135
Totals	452	489	941

HOME HELPS.—No case was provided with the services of a Home Help.

DRIED MILK.—During the year 300 cases were supplied with 7,053 lbs. of dried milk and 19¼ gallons of Pasteurised milk at the cost of the Committee. There has been a decrease of 4,568 lbs. in the amount of dried milk issued at the cost of the Committee, as compared with 1937.

OPERATIVE TREATMENT.—The following cases of children under school age received operative treatment at the School Clinic:—

Adenoids and Enlarged Tonsils	18
Dental Caries	63
Total	81

The following conditions discovered in children under five years of age received treatment at the Accident and Surgical Hospital:—

Abrasions	1
Abscess	4
Adenitis	1
Appendicitis	1
Aural Polyp	1
Burns	2
Epiphysitis	1
Fractured Femur	1
Gastro-Enteritis	1
Hare Lip	1
Head Injuries	1
Hernia	5
Intussusception	1
Mastoid	2
Phimosis	2
Plyoric Stenosis	2
Scalds	3
Spina Bifida	1
Stab Wound	1
Umbilical Hernia	6
Total	38

OPHTHALMIA NEONATORUM.—During 1938 one notification of this disease was received and investigated by the Health Visitors. The case recovered, and no permanent injury to the eye was noted.

TABLE XIII.

Ophthalmia Neonatorum.	Cases.			Vision Unimpaired.	Vision Impaired.	Total. Blindness.	Deaths.
	Notified.	Treated.					
		At Home.	In Hospital.				
1	1	1	—	1	—	—	—

DENTAL TREATMENT.—Cases are referred by the Medical Officer of the Maternity and Child Welfare Centres and also the Medical Officer to the Ante-Natal Clinic to the Dental Surgeon for treatment.

During the year 118 expectant and nursing mothers, and 63 children under school age received dental treatment at the School Clinic.

The following table shows the work done during the year 1938:—

TABLE XIV.

	No. of Attendances.	Extractions.		Fillings.		Dressings.	Anaesthesia.	Dentures.		
		Permanent.	Temporary.	Permanent.	Temporary.			Partial	Complete	Repairs
Mothers	277	347	—	8	—	15	118	1	12	2
Children	81	—	68	—	21	20	33	—	—	—
Totals	358	347	68	8	21	35	151	1	12	2

ORTHOPAEDICS.

Cases of physically defective children under school age are referred from the Centres to the Prince of Wales' Hospital, Cardiff, for treatment. The expenses incurred in necessitous cases are paid out of the funds of the Neale Trust.

During the year 28 cases received remedial treatment at the Hospital.

INFANT LIFE PROTECTION.

The Barry Urban District Council is the Registration and Supervising Authority under Part 1 of the Children Act, 1908. The Medical Officer of Health and the Health Visitors are the appointed Infant Protection Visitors. There are five adopted children on the Register, and they are visited at regular intervals by the health visitors.

TUBERCULOSIS. Pulmonary: forty-six cases of pulmonary tuberculosis were notified during the year as compared with forty-eight for 1937.

Other forms: Twenty-one cases of other forms of tuberculosis were notified during 1938 as compared with fourteen for 1937.

The death-rate from pulmonary tuberculosis was 0.949 per 1,000 population, as compared with 0.834 for 1937. 2.9 per cent. of deaths from pulmonary tuberculosis had not been notified by the doctors.

The death-rate from other forms of tuberculosis was 0.195 per 1,000 population, as compared with 0.166 for 1937. 14.3 per cent. of the deaths from other forms had not been notified.

Table XV shows the classification of new cases and deaths during 1938, according to age, groups and sex.

TABLE XV. TUBERCULOSIS, 1938.

Age Groups.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	1	—	—	—	1	—
1—5	—	—	2	1	—	—	1	1
5—10	—	—	2	1	—	—	—	—
10—15	—	—	3	—	—	—	—	—
15—20	3	4	—	2	—	3	—	—
20—25	—	6	1	1	3	4	1	—
25—35	4	4	2	1	4	4	—	1
35—45	6	5	1	2	2	6	1	1
45—65	10	2	1	—	3	2	—	—
65 & upwards	2	—	—	—	3	—	—	—
Total	25	21	13	8	15	19	4	3

TABLE XVI.

TREATMENT OF TUBERCULOSIS, 1938.

Admissions to Treatment.	Pulmonary Tuberculosis.							Non-Pulmonary Tuberculosis.						
	1 to 5 years.		5 to 15 years.		15 and over.		All Ages.	1 to 5 years.		5 to 15 years.		15 and over.		All Ages.
	M.	F.	M	F.	M.	F.		M.	F.	M.	F.	M.	F.	
Institutional	—	—	—	—	22	10	32	1	-	—	2	—	—	3
Domiciliary Treatment ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dispensary Treatment ...	—	—	—	—	3	—	3	—	—	1	—	3	3	7
Totals	—	—	—	—	25	10	35	1	—	1	2	3	3	10

Number of New Cases seen at the Tuberculosis Clinic—139.

DIAGNOSIS: Pulmonary—30; Non-Pulmonary—9; No. Active T.B.—81.
(19 kept under observation).

TUBERCULOSIS.

The number of cases of this disease notified during the year 1938 was 67. This figure shows an increase of six over the previous year. Of these cases forty-six or 68.66% were pulmonary tuberculosis. The total number of cases remaining on the Register at the end of 1938 was 223, of which 149 were cases of Phthisis. These figures have prompted me to state some facts and observations on tuberculosis and its control. The following case of a young married woman aged 29 years illustrates the urgent need for "Care Work" if we are to reduce the incidence and also prevent the tuberculosis patient from relapsing. This woman twelve months prior to notification had the outward appearance of a healthy strong person. On further enquiry I discovered she had received first class institutional treatment but took her own discharge from hospital. The financial circumstances were as follows:—Total family income, £2 per week; Rent 15/-, leaving a net income of 25/-. There was no charitable or public assistance and the patient was unable to balance her family budget. There was definite evidence in the house of habitual privation. The milk supply was tinned milk but the sanitary condition of the house was quite good. The family consisted of husband, wife and three young children. On further enquiry I found that the patient died about two months after leaving hospital. A short while afterwards the youngest child, aged 1 year and 8 months, died from Broncho-Pneumonia and Meningitis. Tuberculous.

The "after care" in this instance was nil. This case is only one of many where the circumstances are similar. What then can be done to prevent the tuberculosis patient from relapsing? If an answer could be found to this question, tuberculosis would cease to be a social problem. It is easy to criticise most systems provided for the control of this social scourge. It is not so easy to find means to secure the future of cases discharged from a Sanatorium. In this disease a precarious balance between health and sickness can only be maintained by a sheltered life, free from social, mental and physical stresses. The consumptive seldom leaves the Sanatorium in a fit condition to take his chance in the open market. The danger, for example, that an office boy or typist may contract tuberculosis from close association with a consumptive clerk is not neglible. This danger is well illustrated in the following instance. The patient a young woman age 25 years, notified by the Tuberculosis Officer as pulmonary tuberculosis. In this case the occupation was that of Typist and there was a definite history of intimate association for several years with a case of open tuberuculosis at work. A major evil of tuberculosis, as shown in this case, is the possible length of time elapsing between infection and the onset of the disease. As one German writer had it, adult tuberculosis is the last verse of the song, the first verse of which was sung to the infant in its cradle.

In both these cases the financial circumstances were poor, and therefore care work or as commonly called "after care" is of utmost importance. "After care" is commonly interpreted to mean care after discharge from institutional treatment, but it is an undesirable term; the preferable word would be "Care," which should apply to all phases of the disease from the earliest suspicion of its presence.

The points I wish to emphasize in these observations are:—

(1) The proper segregation of the "open" case of pulmonary tuberculosis. Once tubercle bacilli have been found in the sputum, the best that can be hoped for is an arrest of the disease which at any moment may break out again. The credit in the account of the consumptive is always a very small sum. This does not mean to regard the tuberculous as lepers, although tuberculosis is perhaps more infectious than leprosy, a disease incidentally with which it has some resemblance.

The segregation of cases is still handicapped by the limited number of beds at our institutions. In many districts more beds for tuberculous patients are urgently needed and sometimes medical officers of health and tuberculosis officers are too ready to comply with the natural desire of local authorities to reduce the rates at the expense of adequate accommodation. It is doubtful if any doctor in the public health service does his duty adequately unless he is being a continual nuisance to the Finance Committee of his Authority.

(2) If "after care," which at the moment is non-existent, is to be made effective, it will have to be planned on a definite scale. It has been stated that fully 35% of tuberculous cases are an economical problem as well as a medical one. An After Care Committee as laid down in the Public Health Act, 1936, Section 273, should be responsible for the after-treatment period between discharge from hospital and complete restoration to health. A new life has to be faced, and one of the Care Committee's most difficult functions is to aid the patient to face life with courage and content. A regular income adequate to provide a decent home and clothing, and a reasonable standard of comfort is the first essential towards recovery of normal health. This could be met by means of a State "Invalidity" Allowance until such time as the patient is certified free from infection and fit to work.

NATIONAL HEALTH CAMPAIGN.—In March, 1937, local authorities were informed by the Minister of Health that it was the desire of his department that the public health services should be better known to the public, and with this object in view a National Health Campaign was launched in October, 1937. The plan of campaign was spread over a period of six months, and the various sections of the service to be dealt with were divided up as follows:—

1937.	
October	General Public Health.
November	Maternity and Child Welfare Services.
December	
1938.	
January	School Medical Service.
February	Social Hygiene and Tuberculosis Services.
March	Physical Training and Recreative facilities in co-operation with the National Fitness Council.

The Council and Education Authority gave considerable help both financially and by an enthusiastic spirit towards the inauguration and general administration of this Campaign.

For the purpose of educating the public on how to maintain their health, the following types of propaganda were adopted:—

1. Newspaper publicity.
2. The issue of health leaflets.
3. The use of posters on hoardings.
4. Lectures illustrated by films.
5. Health teaching in schools.

Newspaper publicity is very valuable, and signed articles written by me appeared in the local newspapers. Leaflets in connection with Maternity and Child Welfare Schemes, the School Medical and Dental Services were distributed in the schools and clinics. Posters issued by the Central Council for Health Education were exhibited on the hoardings and in public buildings throughout the town. A series of lectures were given in the schools and to certain "Women's Organisations" on the following subjects: (1) the prevention of tuberculosis, and (2) nutrition especially in relation to the feeding of children, under the auspices of the Welsh National Memorial Association.

A special "Health Day" was set apart for the exhibition of suitable films and talks on health matters. The following is a copy of the day's programme:—

WEDNESDAY, MARCH 2nd, 1938.

10.30 a.m.—12: Meeting for Boys.

Films:

"Giro and His Enemies."
"The Health of the Nation."
"Winter Games—Boys."
"One Hundred Years."
"The Trapeze Man Talks."

Talk by E. T. Griffiths, Esq., M.A., L.es.L.

2.30 p.m.—4 p.m.: Meeting for Girls.

Films:

"Giro the Germ."
"Smile if you dare."
"The Health of the Nation."
"Two Little Pigs.'
"One Hundred Years."
"Physical Education—Girls aged 11."

Talk by W. H. Butcher, Esq., Chairman, Health Committee.

7.30 p.m.—9.30 p.m.: Public Meeting.

Address by Chairman of the Council (D. J. Boon, Esq., J.P.)

Films:

"One Hundred Years."
"The Health of the Nation."
"Citizens of the Future."

Demonstration by Women's League of Health and Beauty, Cardiff Branch.

Talk on " Physical Education by Mr. H. A. Cole, O.B.E., of the Central Council of Recreative Physical Training.

The attendance at each session was good, especially the large number of young people who attended.

Local interest in health matters was stimulated, and the public were given an opportunity of seeing some of the activities of the local authority.

The Central Council for Health Education co-ordinated the work entailed in arranging this programme. We are also indebted to the Barry Memorial Hall Management Committee for placing the Hall at our disposal free of charge.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

It was not necessary to take action under these Regulations, relating to tuberculous employees in the milk trade.

PUBLIC HEALTH ACT, 1936, SECTION 172.

No action was taken under this section, which empowers the Council to apply for an order for the removal to hospital of infectious persons suffering from pulmonary tuberculosis.

TREATMENT OF VENEREAL DISEASES.

Dr. B. A. Thomas, Medical Officer of the Glamorgan County Council, Branch Clinic, Barry, has kindly compiled the following report and statistics in connection with the treatment of venereal diseases at Barry during the year 1938.

New admissions to the Barry Venereal Diseases Clinic during the year reached about the same total as in 1937. Actual attendances showed a further decrease, chiefly on account of the following reasons. Firstly a shorter period of treatment is required with the new chemotherapy and secondly, the departure of a number of Spanish seamen who had been confined to the port, as a result of the civil war.

In October, new times of sessions were introduced. Instead of patients being seen on two consecutive days, Wednesdays and Thursdays, they may now be seen on Tuesdays and Fridays, thus allowing of bi-weekly treatment in necessitous cases.

It was observed in 1937 that a large number of new patients were not suffering from venereal disease. This year, probably as a useful result of the recent health campaign, these non-venereal cases rose from 10% to 25% of new cases seen at Barry.

The number of patients who ceased to attend (26) was not high, and the cases discharged cured reached the satisfactory total of 104.

Many cases were referred from the Ante-natal and other clinics of the Barry Urban District Council to the Venereal Diseases Clinic, with considerable resultant benefit to expectant mothers and to children with congenital infection.

The following cases continued to receive treatment from 1937:—

Disease.	*Males.*	*Females.*
Syphilis	17	16
Gonorrhoea	38	16

Analysis of new patients admitted during the year is shown in Table XVII.

TABLE XVII.

Disease.	Maternity and Child Welfare.		School Medical Service.		Public Health Service.		Total.	
	1—5 years.		5 to 14 years.		14 and over.			
	M.	F.	M.	F.	M.	F.	M.	F.
Congenital Syphilis	—	—	—	—	1	—	1	—
Syphilis	—	—	—	—	29	10	29	10
Gonorrhoea	—	1	—	2	75	16	75	19
Soft Chancre....	—	—	—	—	5	—	5	—
Non-Venereal	—	—	—	—	37	9	37	9
Totals	—	1	—	2	147	35	147	38

TABLE XVIII.

Table XVIII shows the attendance of patients at the Clinic during 1937.

Disease.	Males.	Females.	Totals.
Syphilis	528	415	943
Gonorrhoea	1,001	499	1,500
Soft Chancre....	21	—	21
Non-Venereal	77	12	89
Totals	1,627	926	2,553

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—Barry has an excellent supply ofwater from the Taff Fechan Water Supply Board.

The chemical analyses of the water are satisfactory, whilst the bacteriological results indicate a water of good bacterial quality.

In view of the need for constant care in the supervision of the water supply, the following analysis is typical of the chemical and bacteriological composition of the water as supplied to the Town. The chemical analysis is expressed in parts per 100,000. In the bacteriological examination it will be noted that Bacillus Coli was absent from 50 millilitres.

REPORT ON CHEMICAL ANALYSIS OF SAMPLE OF WATER,

21st SEPTEMBER, 1938.

Number of Sample	22,278.
Date of Analysis	September 22nd/28th.
Appearance in two-foot tube	Pale green, clear.
Reaction	Faintly alkaline, P.H. 7·2.
Total Hardness	5·2.
(a) Temporary.	
(b) Permanent.	
Chlorine	1·0.
Nitrogen as Nitrates	Nil.
Oxygen	—
Saline (or "Free") Ammonia	·0008.
Organic (or "Albuminoid") Ammonia	·0030.
Poisonous Metals	Nil.
Nitrates	Nil.
Phosphates	—
Sulphates	—
Microscopic Examination of the Sediment	Trace only. Vegetable debris, diatoms. Animate forms rare.
Volume of Sediment	·1.

REMARKS.—A fairly soft water.
The chemical and microscopical characters are satisfactory.

REPORT ON BACTERIOLOGICAL EXAMINATON OF WATER.

21st SEPTEMBER. 1938.

Laboratory Reference	22,277.
Date Received	21/9/38.
Sender's Reference	—
Description of Sample	Tap. Public Supply.
Bacteria developing per m.l. at 20 C.	6
Bacteria developing per m.l. at 37 C.	—
Bacillus Coli absent from	50 m.l.

REMARKS—Satisfactory.

RIVERS AND STREAMS.—There are no streams of any size in the area.

DRAINAGE AND SEWERAGE.—There are two main sea outfall systems of sewerage disposal in the area, one situated at Cold Knap in the western end, and the other at Bendrick Rocks in the eastern end of the town. The sewers discharge below low water mark.

Progress has been made to connect up thirty houses in Pontypridd Road, at present drained into cesspools, with one of the existing septic tank installations, and it is hoped that this work will be completed in the course of a few months.

With the exception of a few farmsteads in the outlying parts of the district and the houses referred to in the preceding paragraph, all houses are connected with the public sewers.

SUMMARY OF THE SANITARY WORK CARRIED OUT DURING THE YEAR 1938.

TABLE XIX.

	No. on Register.	No. of Inspections.	No. of Premises where Nuisances or Defects discovered.	No. of Notices Served.	No. of Re-visits.
REGISTERED PREMISES—					
Common Lodging Houses	2	9	—	—	—
Seamen's Lodging Houses	62	617	2	2	4
Cowsheds	22	109	26	26	39
Dairies & Milkshops	130	501	18	18	22
Bakehouses	31	162	16	16	31
Factories	124	327	41	41	68
Total	371	1,725	103	103	164
OTHER PREMISES—					
House Inspection		2,358	694	723	2,671
Testing of Drains		268	(included	above).	291
Schools and Public Buildings		20	—	—	—
Tents and Vans		17	6	6	18
Lanes and Dumps		210	3	—	179
Total		2,873	703	729	3,159
INSPECTION OF MEAT, FOODS, &c.—					
Butchers' premises		189	2	2	5
Grocers' & Provision shops		261	7	7	20
Fish & Fruit premises		333	41	41	61
Fish Friers' premises		208	16	16	73
Premises where Ice-cream is manufactured and sold		261	29	29	69
Total		1,252	95	95	228
GRAND TOTAL	371	5,850	901	927	3,551

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS OR REGULATIONS.—Particulars of inspection, and action taken in respect of premises controlled by Byelaws and Regulations are detailed in the summary of sanitary work carried out during the year.

COMMON LODGING HOUSES.—There are only two common lodging houses in the district registered to accommodate 60 persons. These houses have been frequently inspected and the Byelaws found to be generally well observed.

The accomodation is more than sufficient to meet the requirements.

SEAMEN'S LODGING HOUSES.—There are 62 seamen's lodging houses in the district registered to accommodate 306 seamen. The houses are well kept and regulated, and are subject to constant supervision.

TENTS, VANS AND SHEDS.—The number of tents, vans and sheds is decreasing annually, and little difficulty is now being experienced with this type of dwelling.

FACTORIES.

The Factories Act, 1937, with certain exceptions came into force on 1st July, 1938. The exceptions are in respect to the hours of young persons under 16 years of age (here an extension of one year), the provision of washing facilities (also one year), the minimum cubic space to be provided (five to ten years), and the safety provisions for which in case of special difficulties the date may be postponed until January 1st, 1940. The Act is to simplify, consolidate and amend existing Factory legislation. It repeals a large number of previous Acts and restates others which are still in force. Its general arrangement is on the lines of the 1901 Act; the only entirely new division is that dealing with welfare. The general provisions as to health are contained in Part 1 of the Act in the following eight sections:—1 Cleanliness, 2 Overcrowding, 3 Temperature, 4 Ventilation, 5 Lighting, 6 Drainage of floors, 7 Sanitary conveniences, 11 Medical supervision.

A study of reports on industrial accidents, fatal and non-fatal, is of interest in a town like Barry. The largest number of accidents occur in heavy industries such as ship building, ship repairing and dock work. Fatal accidents occur more frequently due to falls or to the worker being struck by a falling body, such as happen in dock work, building and demolition work. Docks and ships (including the repair of ships in wet-dock) are now included in Part VII of the Act, also warehouses in which mechanical power is used, building operations including demolition, and works of engineering construction.

A good many anomalies have been removed by this Act; for instance until the new Act, ship-fitters were factory employees when in dry-dock but not when in wet-dock; and whether building operations came under the Act or not depended upon the presence or absence of a crane.

This Act is the latest stage in a course of events lasting just over one hundred years which has gradually built up that minimum standard of health and safety now embodied in our Factory Law.

TABLE XX.

1.—Inspection of Factories, Including Inspections made by Sanitary Inspectors.

Premises. (1)	Number of Inspections. (2)	Number of Written Notices. (3)	Number of Occupiers prosecuted. (4)
Factories with mechanical power....	161	15	—
Factories without mechanical power	272	37	—
†Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises)	56	5	—
Total	489	57	—

† Electrical Stations should be reckoned as factories

2.—DEFECTS FOUND.

Particulars.		Number of Defects.			Number of defects in respect of which Prosecutions were instituted
(1)		Found. (2)	Remedied (3)	Referred to H.M. Inspector (4)	(5)
Want of cleanliness (S. 1)		38	38	—	—
Overcrowding (S. 2)		—	—	—	—
Unreasonable temperature (S. 3)		1	1	—	—
Inadequate ventilation (S. 4)		—	—	—	—
Ineffective drainage of floors (S. 6)		—	—	—	—
Sanitary Conveniences (S. 7)	insufficient	—	—	—	—
	unsuitable or defective	18	18	—	—
	not separate for sexes	—	—	—	—
Other offences		—	—	—	—
(Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937).					
Total		57	57	—	—

HOUSING.—*(a)* CLEARANCE AND IMPROVEMENT AREAS.—Barry is a comparatively new town and consequently no areas have been scheduled for "Clearance" or "Improvement."

(b) DEMOLITIONS.—The few houses that were unfit for human habitation have already been demolished.

(c) TEMPORARY STRUCTURES.—I have previously reported that temporary structures should not be encouraged, and that as far as possible plans should not be passed for their erection. My Council have considered this matter, and generally speaking are acting upon this suggestion.

HOUSING REPAIRS.—Reconditioning of houses has taken up considerable time and the detailed particulars indicate that 723 notices were served during the year. Generally speaking, efforts are being made by owners to carry out repairs within reasonable time, but as I have pointed out in previous reports economic circumstances have necessitated extended time being given where extensive repairs are required.

DRAINS.—During the year 268 drains were tested and where defects were discovered the necessary notices were served. The provisions of the Barry Urban District Council Act, 1913, provide for inspection where repairs are being effected and this ensures satisfactory work being done.

PUBLIC CLEANSING.—The bi-weekly removal of house refuse and the daily removal of trade refuse is carried out by means of mechanical transport. The whole of the refuse is conveyed to the Refuse Destructor and burnt. Very little salving is carried out as the receipts for the past have not compensated for the additional cost involved in handling.

The quantity of refuse destroyed during the year was 7,375 tons, 7 cwts.

SWIMMING BATHS AND POOLS.

There is only one public swimming pool in the district and a full report of the proposals of the Council to bring this pool up-to-date was included in my last Annual Report. A filtration and "Ozone" Sterilisation Plant is being installed and this together with the internal re-construction of the bath will probably be completed by mid-year 1939, and it is felt that when the work has been completed, the pool will be one of the largest and best equipped in the country.

BED BUG.

It is pleasing to report that the number of houses reported as being infested with bed bugs were few. Seven Council houses and twenty non-Council houses were disinfected during the year. All infested Council houses are dealt with by the use of Solution "D" by Council employees, and in non-Council houses Solution "D" and Zaldecide are used and the work carried out by contractors. In several instances tenants themselves have been supplied with a quantity of insecticide and instructed as to the best methods of disinfestation.

Some two years ago the whole of the tenants occupying hutments on the Buttrills Estate were removed to new houses in the Cadoxton end of the district. Fumigation of their effects was carried out at the time, but some uncertainty was felt as to whether the means adopted would be effective. A recent survey of these houses indicated that the measures then taken proved satisfactory.

HOUSING STATISTICS, 1938.

1. *Inspection of Dwelling-houses during the Year:—*

(1) *(a)* Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	2,358
(b) Number of inspections made for the purpose	5,029
(2) *(a)* Number of dwelling-houses (included under sub-head (1) above which were inspected and recorded under the Housing Consolidated Regulations, 1925	731
(b) Number of inspections made for the purpose	1,897
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil.
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	665

2. *Remedy of Defects during the Year without Service of formal Notices:—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	600

3. *Action under Statutory Powers during the Year:—*

A.—Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	40
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(*a*) By owners	15
(*b*) By local authority in default of owners	—

B.—Proceedings under Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	18
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(*a*) By owners	22
(*b*) By local authority in default of owners	—

C.—Proceedings under sections 11 and 12 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which Demolition Orders were made	—
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	—

D.—Proceedings under section 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil.
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil.

4. *Housing Act, 1936. Part IV. Overcrowding.*

(a) (1) Number of dwellings overcrowded at the end of the year	28
(2) Number of families dwelling therein	43
(3) Number of persons dwelling therein	219
(b) Number of new cases of overcrowding reported during the year	26
(c) (1) Number of cases of overcrowding relieved during the year	18
(2) Number of persons concerned in such cases	101

(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding.

Nil.

(e) There are still a number of shops and large houses vacant, but generally speaking these are situated in the seafaring quarter of the town and there is a difficulty in getting persons to reside in this locality.

INSPECTION AND SUPERVISION OF FOOD.

(1) MILK SUPPLY.—During the year twenty-six samples of milk were taken and submitted for bacteriological examination. Of this number, seventeen were reported satisfactory and nine unsatisfactory. Of the latter, six referred to milk produced outside the area and three inside. Steps were taken to deal with all cases reported unsatisfactory.

MILK (SPECIAL DESIGNATIONS) ORDER, 1936.—The use of pasteurised milk as laid down in the Milk (Special Designations) Order, 1936, was reported upon in detail in my report for 1936. The rationalisation of the milk industry means of necessity that milk from many different sources must be bulked and it needs only one cow to be infected for the whole supply to become contaminated. The only way this can be guarded against is by pasteurisation. There still persists a certain amount of uniformed prejudice against pasteurisation, but the Chief Medical Officer of the Ministry of Health is convinced that there is no significant difference in nutritive value between raw and pasteurised milk. A clean raw milk is not necessarily a safe milk, and the only practical way to reduce the risk to a minimum is by efficient pasteurisation or by some other form of heat treatment.

Two retailers are licensed for the distribution of Tuberculin Tested milk, one for Pasteurised milk and two for Accredited milk.

(2) COWSHEDS AND DAIRIES.—There are 22 producers and 130 retailers in the area. Regular visits are made by the Chief Sanitary Inspector to all cowsheds and dairies within the district, and action taken where necessary. In addition routine inspection of all dairy cows is carried out by the Dairy Cows Inspector. Under the Agriculture Act, Part IV (Disease of Animals), 1937, the transfer of functions of Veterinary Inspections of local authorities to the Ministry of Agriculture and Fisheries took effect as from April 1st, 1938.

MILK MARKETING BOARD, MILK IN SCHOOLS SCHEME.—There are two firms in the town supplying pasteurised milk. The milk is pasteurised by the "Holder Process," both firms having installed "Desco" Pasteurising Plants.

(3) ICECREAM.—As mentioned in my previous reports, complete control of the premises where icecream is manufactured and sold will not be obtained until general registration is made compulsory. The provisions of the Barry Urban District Council Act, 1913, are enforced, but these are not sufficiently wide in their scope to secure the best results.

The new Food and Drugs Act, 1938, which comes into operation on the 1st October, 1939, makes it compulsory for all premises used for the sale or manufacture for sale of icecream to be registered with the local authority. The local authority may refuse to register unsuitable premises, and may cancel the registration of premises which are subsequently found to be unsuitable. Some disappointment has been felt because the Act contains no legal standard controlling the composition of icecream, but power is given to the Minister of Health to make regulations concerning the preparation of food. It can therefore be hoped that a legal standard of constituents and bacteriological content of icecream will appear as a regulation at an early date.

The new Food and Drugs Act, makes it compulsory for manufacturers or dealers in icecream to notify the Medical Officer of Health of the occurrence of any milk-borne disease amongst persons working or living in or about premises where icecream is manufactured, stored or sold. Power is given to the Medical Officer of Health to prohibit the use of icecream for human consumption which is believed to be likely to cause milk-borne disease.

(4) MEAT INSPECTION.—An important addition is the detailed Table of carcases inspected and condemned as suggested in the Circular.

All animals are examined by the Council's Meat Inspector, both before and after slaughter. When considered advisable in certain cases, immediate slaughter is ordered. Casualties are occasionally brought in from farms, in some cases death has already taken place, in other cases of serious injury they are slaughtered immediately on arrival. A post-mortem examination is made in each case. In the case of animals brought in dead, the majority are slaughtered at the farm on humane grounds, *i.e.*, fractured limbs, etc.

CARCASES INSPECTED AND CONDEMNED.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	793	41	256	7,371	4,551
Number inspected	793	41	256	7,371	4,551
All diseases except Tuberculosis. Whole carcases condemned	—	5	—	7	—
Carcases of which some part or organ was condemned	162	9	1	211	98
Percentage of the number inspected affected with disease other than tuberculosis	20·43	34·1	0·39	2·95	2·15
Tuberculosis only. Whole carcases condemned	2	14	—	—	10
Carcases of which some part or organ was condemned	67	6	—	—	106
Percentage of the number inspected affected with tuberculosis	8·7	48·8	0·0	0·0	2·55

HUMANE KILLING.—In the year 1931. byelaws were introducted making the stunning of animals by mechanically operated instruments compulsory.

(5) BUTCHERS' PREMISES.—The meat inspection in the Butchers' shops is carried out by your Sanitary Inspectors and during the year 980 lbs. of meat were destroyed. The general standard of the meat retailed in the area is good and the traders' premises are well kept.

Practically the whole of the shops are now provided with modern refrigerating plants.

(6) FOOD STORES.—The food stores have been regularly inspected. and 2,409 lbs. of various foods found unfit for human consumption.

(7) SHOPS AND OFFICES.—*(a)* During the year visits have been paid to shops with a view to enforcing adequate ventilation and suitable temperature. In one instance a warning was issued for failure to comply with the requirements of the Shops Act, 1934, as to temperature. In seven cases, occupiers of shops were called upon to provide separate conveniences for male and female workers, and these requirements were complied with.

(b) Shops Act.—Day and night visits were made with a view to enforcing the above as to hours of closing and holidays for assistants, and generally speaking a genuine attempt was made to comply with the provisions laid down.

(8) CAMPING SITES.—During the months of July, August and September, seven sites were used for camping purposes and licences issued in respect of three of these. The sites not licensed were used intermittently or for very short periods. One of the licensed sites was situated near the sea front and the other two some distance inland and these were licensed to accommodate 300 persons.

The estimated number of campers resident in Barry during the peak period, viz., the first week in August was approximately 500.

(9) SMOKE ABATEMENT.—It was not found necessary during the year to implement any of the enactments for dealing with nuisances arising from emission of smoke.

LEGAL PROCEEDINGS.

Twelve cases of legal proceedings were taken during the year and the results were as follows:—

No.	*Offence.*	*Penalty.*
1.	Illegal Lodging of Seamen (10 cases)	£11.
2.	Public Health Act, 1936, Section 154 (Exchange of rags for toys)—(2 cases)	£1.

METEOROLOGICAL RECORDS, 1938.

TABLE XXI.

Months.	Sunshine.				Rainfall.
	Hours.	Maximum.		Days with no sun.	Inches.
		Days.	Hours.		
January	47.9	24th	7.0	13	4.280
February	56.2	11th	7.9	10	1.450
March	116.7	13th	9.1	2	0.365
April	195.1	17th	11.9	1	0.220
May	175.5	5th	13.0	4	2.090
June	220.2	20th	14.2	—	1.495
July	157.7	22nd	11.6	2	3.305
August	153.6	21st	13.3	4	4.400
September	118.9	2nd	9.2	3	2.005
October	113.8	1st	9.4	3	7.595
November	57.3	1st	7.2	8	4.575
December	57.6	3rd	7.1	12	4.170
Totals	1,470.5			62	35.950

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

(a) NOTIFIABLE DISEASES.

544 cases of notifiable diseases were notified during the year as compared with 346 for the previous year. Of these 382 were removed to hospital and the remainder treated at home. A complete tabulated statement of all notifiable disease that occurred during the year is contained in Table 22.

SCARLET FEVER.—During the year the prevalence of this disease increased. 129 cases were notified, and of these 97 were removed to hospital. Four other cases were admitted, but proved to be adventitious rashes of other diseases.

The vast majority of the cases of scarlet fever showed mild forms of the three classical signs, namely, rash, tongue and throat. Occasionally, however, a severe form of the disease with high temperature, "boiled lobster" rash, marked inflammation of the throat with exudate, and accompanying adenitis, was admitted. Even these cases responded well to treatment by streptococcus Antitoxin (Scarletina). The question arises as to the value of isolation in hospital of mild cases from the point of view of preventing the occasional dangerous case arising in the community.

DIPHTHERIA.—The prevalence of this disease increased during the year, there being 299 cases notified. Of these 279 were admitted to hospital. In addition 71 other cases were removed to hospital and treated for various non-diphtheritic conditions such as tonsillitis, quinsy, Vincent's angina and septic conditions of nose and throat.

There were 5 deaths amongst the cases of diphtheria, four of whom died within one week of admission to hospital. The fifth case was apparently progressing favourably, when the child suddenly relapsed during the fifth week, death being due to myocarditis and acute bronchitis. The other four children were seriously ill on admission, the disease being of a virulent type with extensive membrane covering the whole of the pharynx and nasal passages.

The case fatality rate for this disease was 1.67 per cent., the "attack rate" being 8.35 per 1,000 population.

IMMUNISATION.—During the year a scheme of voluntary active immunisation against Diphtheria was introduced following a report submitted to a Joint Committee composed of members from the Health, Maternity and Child Welfare and School Medical Committees.

An Anti-Diphtheria Campaign was commenced in September, and by the end of the year the following figures show the number inoculated.

1.	Number of pre-school children who have received three injections of T.A.F. (completed course)	108
2.	Number of school children who have received three injections of T.A.F. (completed course)	860
3.	Number of pre-school children who have received two injections of T.A.F. but have not yet completed course	26
4.	Number of school children who have received two injections of T.A.F. but have not yet completed course	134
5.	Number of pre-school children who have received one injection of T.A.F.	20
6.	Number of school children who have received one injection of T.A.F.	52

The following is an extract from a report submitted by me on "The Production of Artificial Immunity against Diphtheria."

"Attempts to control the incidence of Diphtheria in a community have undergone radical alterations in recent years as a result of the introduction of means for the production of artificial immunity against Diphtheria.

The Minister of Health in Memo. 170 (Med.) November, 1932, advised local authorities to offer facilities for the immunisation of children over the age of one year.

For the guidance of the Committee and Council I beg to state certain general considerations of this problem. Paragraphs 1 and 2 are taken from the Chief Medical Officer's Reports, Ministry of Health.

1. Diphtheria is essentially a disease of children under the age of fifteen years. About 60,000 cases are notified annually in England and Wales, and the average annual number of deaths is approximately 3,000. It is generally recognised that whenever possible Diphtheria patients should be removed to hospital and the average period of hospital treatment is 4—6 weeks. The interference with school life, is therefore, considerable, and the cost of treatment a heavy charge on the ratepayers. It is, therefore, desirable that attention should be paid to the advantages of Diphtheria Immunisation, and where practicable to offer to the parents of children over one year of age the necessary facilities for protection.

2. It is difficult to specify a standard method of immunisation for universal adoption, but experience during the last few years has proved that there are four Diphtheria Prophylactics in common use in this country. In three of these methods it is generally agreed that three injections are necessary. With regard to the fourth method two injections are now considered sufficient.

It is not within the scope of this report to give the detailed medical procedure of the practice of active immunisation of children susceptible to diphtheria

Briefly in my opinion two methods are suitable for children from one to eight years of age, namely:—

1. The three injection method by a preparation known as T.A.F.
2. The more modern two shot method of A.P.T.

A preliminary testing for susceptible children known as the Schick Test has been largely practised in the past, but in the light of recent experience it is not considered necessary in children under eight years of age The same test was also carried out nine to twelve months after immunisation. This is known as the Post-Schick Test. If either of the methods as suggested are adopted the fact that about 95% are Schick negative after immunisation both pre and post Schick testing can be discarded. By this means unnecessary upset of young children is avoided. The grade of immunity gives almost complete protection against diphtheria, which lasts, in all but a small percentage of people, for many years. It is well when signing "Certificates" of immunised children to include a warning that, notwithstanding immunisation, a "sore throat" should immediately be seen by a doctor; this course provides against error and misunderstanding, and safeguards the small percentage of "immunised" people whose immunity does not persist at a sufficiently high level.

Freedom from epidemic diphtheria depends on many factors, of which probably the most important are the quantity of antibodies (in other words anti-toxin) circulating in the blood of its individual members, their opportunities for exposure to infection, the duration of exposure, and the mass of infection with which they are bombarded. Immunity in fact is a relative term and it is not even certain that Schick Testing is a completely reliable measure of capacity to resist invasion of the diphtheria bacillus.

I should like to point out that there is some difference in the cost of these preparations. With T.A.F. which I consider the best preparation, I estimate the cost of 100 children to be about £10, an average of 2/- for completely immunising a child. Of course this does not take into account the general cost of time, and work of the medical, nursing and clerical staff involved. Whereas the cost in hospital for treating a case of diphtheria, as you are aware, is at least £10—£12.

I have no hesitation in recommending the three injections method of T.A.F. as the safest one to use. Alternatively the two shot method of A.P.T. (which consists of two injections) is now considered quite reliable.

I wish to point out that most of the larger authorities and a large proportion of the smaller ones have adopted the Scheme for voluntary immunisation of young children in their areas.

In any scheme for the prevention of epidemic diseases active co-operation with the general medical practitioners is essential. Certain authorities issue to practitioners the necessary preparation for immunising people who do not wish to attend the Clinic.

I beg to recommend that if my Scheme is adopted, practitioners should be supplied "free of charge" with the material, provided that proper records of children immunised by them are returned to the Health Department.

Finally I wish to state that Diphtheria is still the largest individual factor in the death rate of children between the ages of five and ten years, so that "IF PREVENTABLE, WHY NOT PREVENTED ?"

In the early autumn of the year, the incidence of diphtheria was high and the following report on the "Question of Diphtheria and the steps taken to abate the prevalence of this Disease" was submitted.

During the last three months 112 cases of this disease were notified, 87 admitted to Hospital and 25 treated at home. Disinfection was carried out in each house after removal of the case, and contacts were excluded from School in accordance with the Board of Education Memorandum. Several class rooms in certain schools were also disinfected. In spite of these efforts the incidence has not declined, but I am pleased to say that the fatality rate of cases treated at Hospital has been considerably reduced. As pointed out in a previous report to this Committee although the average yearly death rate in Barry and even in Great Britain has been greatly reduced by the serum treatment, the average yearly prevalence of Diphtheria remains the same, in spite of the steady progress in sanitation. This is due to the fact that a number of children harbour the diphtheria bacillus in their throats without shewing any sign of ill health, and it has been proved that no less than 97% of all infections are derived from these " Carriers " as they are called. It is obviously impracticable to detect and subsequently to isolate such numbers as are involved. In several cases where persistent positive swabs were given, a virulence test has been carried out, and in each case the result was non-virulent. In other cases where a child gave many positive swabs, when a virulence test was requested that particular swab was returned as negative. In many cases the notification of " positive swab cases " as one of diphtheria is a fallacy. Diphtheria being the most virulent of our endemic infections, and also the one for which we possess the best treatment, calls for immediate hospitalisation. Even in the best circumstances diphtheria does badly at home, for if the disease is severe it requires prolonged nursing of a particularly skillful kind, which cannot be obtained outside Isolation Hospitals. It is here that the difficulty lies. The admission of diphtheria cases to hospitals works very smoothly if only true cases of diphtheria were admitted as such, but if positive swab cases which are not diphtheria at all, are treated in the same manner the machinery breaks down.

Recently immunisation against diphtheria has been commenced, and up to the time of this report 266 children have been immunised. As immunisation grows true diphtheria will decline markedly, but positive swab cases will not. They may even increase to some extent but the menace will be no longer present, for an almost complete protection of the children against clinically recognisable diphtheria should be established. There is no evidence that immunisation actually increases the incidence of positive throats though it may well give the impression that it does so. If our Hospital Wards are filled with positive swab cases, and clinical diphtheria is absent we are presented with a new difficulty in an old trouble. For years the positive swab case has made the management of diphtheria difficult, and as immunisation becomes more popular it will get worse, unless we find the means of stopping it all together. In other words a period of transition is taking place in regard to this disease.

In my opinion the solution lies in two factors—(1) the more accurate diagnosis of the disease. To an expert diphtheria is comparatively easy to recognise even in its earliest stages, but to many people the fear of the disease is far greater than their knowledge of it. (2) The protection of the child population by immunisation of at least 60% of the children. This second factor will probably take a decade to reduce diphtheria to negligible proportions or even elimination. When the 60% figure has been reached, if afterwards every child is inoculated on its first birthday (the time when the maximum benefit with the minimum of discomfort is obtained) diphtheria will become a rare disease.

Towards the end of November the following was the position in regard to the Anti-diphtheria Immunisation Scheme.

1.	Number of pre-school children who have received three injections (complete course)	54
2.	Number of school children who have received three injections (complete course)	198
3.	Number of pre-school children who have received two injections of T.A.F. but have not yet completed the course	34
4.	Number of school children who have received two injections of T.A.F. but have not yet completed the course	219
5.	Number of pre-school children who have received one injection of T.A.F.	22
6.	Number of school children who have received one injection of T.A.F.	172

A further report was made as follows:—

Whilst conducting this Anti-diphtheria campaign I think it is opportune to make certain observations in view of the number of notified cases of Diphtheria. At first sight it would appear that the prevalence of the disease is increasing, but on examination of the facts it is revealed that a number of the cases are positive swab cases found in non-clinical diphtheria. Also it must be remembered that this Campaign was introduced in the face of a fairly high incidence of the disease. "Inaugural epidemics" however have been noted both in this country and America after the commencement of a campaign. This fact brings out two important points if an Immunisation Scheme is to meet with success.

1. As large a number of "consents" as possible should be obtained. It has been stated that Diphtheria would be practically eradicated long before 100% of children are protected.

2. Immunisation of the children between the ages of two and five years, the period during which a child is most susceptible, should be concentrated upon.

A question which is frequently put to the person conducting an Anti-diphtheria Campaign is "How long does the protection conferred by this method of artificial immunisation last?" It can be stated, with a fair degree of certainty, that the protection given to an infant will last well beyond the time of highest susceptibility. The most important question to which one is asked to reply is "Can a child which has been immunised contract diphtheria?" The answer to this question is "Yes, but very rarely." The vast majority of these cases are in all probability suffering from a simple tonsillitis with a super-added carrier infection. The primary difficulty of the person operating an immunisation campaign is to obtain a high percentage of consents. So far little trouble has been experienced in this direction. The method of obtaining permission to immunise a child is a matter of personal choice. Whether by intensive propaganda, taking the form of public meetings, posters, pamphlets, the press, etc., or by advice from infant welfare centres, school clinics, general practitioners, head-teachers, etc., is a matter for consideration. Personally, I believe the latter is the better course. It tends to establish active immunisation on a sound basis as a public health service which is always available. In this Campaign a combination of the two methods has been adopted and so far with considerable success in the response to consents. Sufficient time has not yet elapsed to prove the potent means of prevention we now possess against diphtheria. This disease still plays havoc with our children and it is pleasing to note that many parents do seek immunisation to save their children from one of the most frequent ways of losing them. Several thousands more children must yet be immunised to make this Campaign successful.

Enteric Fever (including Para-typhoid).—No cases of this group of diseases were notified during the year.

Puerperal Pyrexia.—During the year eight cases were notified as compared with five for the previous year.

Pneumonia.—Twenty-three cases of Pneumonia (all forms) were notified during the year, compared with forty-eight for 1937. The death-rate from this disease was 0.36 per 1,000 population as compared with 0.89 for 1937.

Erysipelas.—The disease showed a slight decrease during the year, 16 cases having been reported, as against 20 during the preceding year. The death-rate was 0.0 per 10,000 population as compared with 0.278 for 1937.

Ophthalmia Neonatorum.—This disease has already been referred to under the section of the report dealing with maternity and child welfare work.

PREVENTION OF BLINDNESS.

During the year a part-time Eye Specialist was appointed in accordance with Circular 1621 of the Ministry of Health. No cases of ophthalmia neonatorum were admitted to hospital. Only one case of this disease was notified, the case recovered and no permanent injury to the eyes was noted.

Acute Poliomyelitis.—No case was notified during the year.

Tuberculosis.—This disease has been dealt with separately earlier in the report.

(*b*) NON-NOTIFIABLE DISEASES.

Measles.—This disease ceased to be compulsorily notifiable in 1919, but a large proportion of the cases are brought to the notice of the Public Health Service by the visits of the health officials and attendance officers of the Education Department to the homes of the children. The following-up of such cases by the inspectors and health visitors brings to light many cases in children under School age. No death was reported during the year.

Whooping Cough.—This disease is brought to the notice of the department through the same sources as other non-notifiable diseases. One death was reported, as against one in the preceding year.

Influenza.—This disease is not compulsorily notifiable, apart from influenzal pneumonia. Influenza was registered as the cause of 6 deaths in 1938, as compared with 9 in 1937.

Disinfecting and Cleansing Station.—A disinfecting and cleansing station has been provided near the Public Health Office. It serves for Port as well as District work.

Disinfection.—During the year 472 houses were disinfected, also a large quantity of bedding and clothing at the Steam Disinfector.

TABLE XXII.
NOTIFIABLE DISEASES DURING THE YEAR.

DISEASES.	Number of Cases Notified.														No. of Cases Notified in each Ward.							Deaths.												
	At all Ages.	Under 1 year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 Yearsand Upwards	Cases removed to Hospital	Cadoxton Ward	Castleland Ward	Court Ward	Holton Ward	High Street Ward	Park Ward	Dock Ward	At all Ages	Under 1 year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 Yearsand Upwards
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	129	—	3	3	8	13	57	31	5	6	1	2	—	97	13	15	9	19	36	29	8	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	299	2	2	9	14	18	152	76	13	10	3	—	—	279	64	43	106	47	3	8	28	5	—	—	1	—	2	1	1	—	—	—	—	—
Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	16	—	—	—	—	—	—	1	1	2	3	4	5	—	5	4	2	2	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	23	—	—	1	1	3	1	—	—	7	2	5	3	—	6	3	4	4	3	1	2	13	1	—	—	—	—	—	1	—	—	1	4	6
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia-Neonatorum ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary T.B. (Male) ...	25	—	—	—	—	—	—	—	3	4	6	10	2	—	4	1	5	4	4	3	4	15	—	—	—	—	—	—	—	—	7	2	3	3
Pulmonary T.B. (Fem.) .	21	—	—	—	—	—	—	—	4	10	5	2	—	—	3	4	2	5	4	2	1	19	—	—	—	—	—	—	—	3	8	6	2	—
Other Forms T.B. (Male) ...	13	1	—	1	1	—	2	3	—	3	1	1	—	—	2	2	3	2	1	2	1	4	1	1	—	—	—	—	—	—	1	1	—	—
Other Forms T.B. (Fem.) ..	8	—	—	—	1	—	1	—	2	2	2	—	—	—	2	—	3	1	2	—	—	3	—	—	—	1	—	—	—	—	1	1	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ..	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	8	—	—	—	—	—	—	—	—	5	2	1	—	5	4	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	544	4	5	14	25	34	213	111	28	50	25	25	10	382	104	72	136	85	56	46	45	59	2	1	1	1	2	1	2	3	17	11	9	9

PORT HEALTH AUTHORITY OF BARRY.

REPORT FOR THE YEAR 1938

BY THE

PORT MEDICAL OFFICER.

This is the 50th Annual Report on the work of the Barry Port Health Authority.

The Report covers the work of the Authority during the year and is prepared on the lines indicated in Memorandum 204/SA issued by the Ministry of Health to Port Health Authorities.

JURISDICTION OF THE PORT.

The limits of jurisdiction of the Port Health Authority are as follows:—

> "A straight line drawn due South from the seaward extremity of the common boundary of the Parishes of Sully and Lavernock, and to the boundary of the said port, a straight line drawn due South from the seaward extremity of the common boundary of the Parishes of St. Athans and Llantwit Major, to the boundary of the said port, and a line co-incident with that part of the boundary of the said port which lies between the points at which the straight line hereinbefore mentioned meet such boundary together with the waters of the said port of Cardiff within such limits, and the place or places for the time being appointed as the Customs Boarding Station or Stations for such part of the said port, and every place for the time being for the mooring and anchoring of ships for such part of the said port, under regulations for the prevention of the spread of diseases issued under the authority of the Statutes in that behalf, and the docks, basins, harbours, creeks, rivers, channels, roads, bays, and streams belonging to such part of the said port."

The contributing Riparian Authorities are the Cardiff Rural District Council, and the Cowbridge Rural District Council. The boundary of the district therefore extends from a point at Swanbridge immediately opposite the eastern side of Sully Island to a point approximately one mile West of the Leys. The latter position is known as Penry Bay.

The Medical Officer to the Port Health Authority desires to express his appreciation for the assistance received from H.M. Customs Officers, the Officers of the Great Western Railway Docks Authorities, the Harbour Master and the Pilots, who have co-operated in the maintenance of Public Health and the prevention of disease in the port.

E. I. DAVIES,
Port Medical Officer,
Port Health Authority.

TABLE A shows the amount of shipping entering the port during the year 1938. It will be noted that there was a decrease in the total number of vessels dealt with, both in number and tonnage.

	Number.	Tonnage.	Number Inspected.		No. reported to be defective.	No. of vessels on which defects were remedied	No. of Vessels Reported as having, or having had during the Voyage Infectious Disease on Board.
			By the Medical Officer of Health.	By the Sanitary Inspector.			
FOREIGN.—							
Steamers	859	1,255,619	46	341	188	161	8
xMotors	3	4,070	—	—	—	—	—
Sailing	—	—	—	—	—	—	—
Fishing	—	—	—	—	—	—	—
Total Foreign	862	1,259,689	46	341	188	161	8
COASTWISE.—							
Steamers	1,860	1,934,087	16	642	276	244	3
xMotors	107	18,465	2	3	2	1	—
Sailing	—	—	—	—	—	—	—
Fishing	—	—	—	—	—	—	—
Total Coastwise	1,967	1,952,552	18	645	278	245	3
Total Foreign and Coastwise	2,829	3,212,241	64	986	466	406	11

x Includes mechanically propelled vessels other than steamers.

TABLE II.—Ships Inspected during 1938.

Table II shows the nationality of ships inspected during the year, and it will be seen that approximately one-half are British ships, the remainder being vessels of all nationalities, the highest proportion of which are Greek, followed mainly by French, Norwegian, and Esthonian. Therefore, all sorts of conditions of ship construction and sanitary arrangements are met with at the Port of Barry. This adds considerable difficulty in dealing with ship sanitation. The instructions issued by the Board of Trade in regard to the Survey of Master and Crew Spaces apply only to British ships, so that no structural alterations can be enforced on Foreign owned vessels.

Nationality.	Motor and Steam.	Sail.	Total.
British	559	—	559
Greek	112	—	112
French	89	—	89
Norwegian	52	—	52
Esthonian	29	—	29
Danish	25	—	25
Finnish	25	—	25
Swedish	22	—	22
Belgian	19	—	19
Yugo-Slavian	18	—	18
Latvian	7	—	7
Portuguese	7	—	7
German	5	—	5
Italian	5	—	5
Spanish	4	—	4
Dutch	2	—	2
Japanese	2	—	2
Panama	1	—	1
Hungarian	1	—	1
Uruguyan	1	—	1
Roumanian	1	—	1
Total	986	—	986

II.—CHARACTER OF TRADE OF PORT.

TABLE III.

TABLE B.—(Ministry of Health).

(a) PASSENGER TRAFFIC DURING 1937.

No. of Passengers.	1st Class.	2nd. Class.	3rd Class.	Transmigrants.
Inwards	—	—	—	—
Outwards	—	—	—	—

(b) CARGO TRAFFIC.

As in the case of Table A, Imports and Exports are lower than the previous year.

The figures here given indicate the nature and amount of trade done.

The Imports and Exports for the years 1937 and 1938 are as follows:—

IMPORTS.

	1937.		1938.
Timber and Deals	13,095 tons.	....	8,389 tons.
Pitwood and Mining Timber	221,677 ,,	....	156,394 ,,
Grain and Flour	145,113 ,,	....	168,055 ,,
Oil	465 ,,	....	470 ,,
General Merchandise	8,940 ,,	....	8,693 ,,
Building Sand	16,350 ,,	....	28,226 ,,
Ballast	2,200 ,,	....	1,700 ,,
Coal and Coke	— ,,	....	6,854 ,,
Iron, Steel and Pig Iron	— ,,	....	5 ,,
Total Imports	407,840 tons.	....	378,786 tons.

EXPORTS.

	1937.		1938.
Coal and Coke	6,272,984 tons.	....	5,578,100 tons.
Tinplates	3,309 ,,	....	2,138 ,,
Cement	71,244 ,,	....	76,236 ,,
Grain and Flour	33,366 ,,	....	37,347 ,,
Oil	4,210 ,,	....	3,430 ,,
General Merchandise	13,366 ,,	....	10,394 ,,
Ballast	2,200 ,,	....	1,700 ,,
Patent Fuel	— ,,	....	25 ,,
Iron and Steel Rails and Ironwork	8,311 ,,	....	9,534 ,,
Total Exports	6,408,990 tons.	....	5,718,904 tons.
Total Imports and Exports	6,816,830 tons.	....	6,097,690 tons.

COUNTRIES WITH WHICH THE PORT PRINCIPALLY TRADES. The Port principally trades with France, Spain, Italy, Germany, Belgium, Scandinavia and the Mediterranean Ports; River Plate Ports and occasionally with India and Australia; London, Liverpool and other home ports.

III. SOURCES OF WATER SUPPLY.

(a) FOR THE PORT. Drinking water is supplied by the town, an analysis of which can be seen under Sanitary Circumstances of Barry, under heading of Water Supply.

(b) FOR SHIPPING. The same supply as in *(a)* is used for shipping.

(c) NUMBER OF WATER BOATS AND THEIR SANITARY CONDITION. There are no water-boats in use in the Port.

Thirty-four samples of water were taken from ships supplied.

In each case where the water was found unsatisfactory the tanks were emptied and cleansed before taking a fresh supply of water on board.

TABLE IV.

RESULTS OF BACTERIOLOGICAL EXAMINATON OF WATER SUPPLIES FROM SHIPS.

Number of Samples.	Satisfactory.	Moderate Purity.	Doubtful Purity.	Contaminated.
34	28	5	1	—

IV. PORT SANITARY REGULATIONS, 1933.

(1). ARRANGEMENTS FOR DEALING WITH DECLARATIONS OF HEALTH.

All Pilots immediately on boarding any foreign going vessel approaching the Port, shall hand the Master a form of declaration of Health (P.S.1.)

(2). BOARDING OF VESSELS ON ARRIVAL.

Vessels arriving from infected ports or having infectious disease on board, are boarded by the Port Medical Officer or his Deputy and one of the Port Health Inspectors. All other vessels are boarded on arrival at the Lady Windsor Lock by one of the Port Health Inspectors.

(3). NOTIFICATION TO THE AUTHORITY OF INWARD VESSELS REQUIRING SPECIAL ATTENTION.

Pilots, and the Officers of H.M. Customs, are regularly supplied by the Port Health Authority with lists of ports where dangerous epidemic disease is known to exist.

(4). MOORING STATIONS DESIGNATED UNDER ARTICLE 10.

(a) WITHIN THE DOCKS.

The berth at No. 21 Buoys, No. 1 Dock is allocated as an internal mooring station but in the event of the berth being occupied, the Great Western Railway Co. will afford every facility at some other point within the Docks.

(b) OUTSIDE THE DOCKS.

This matter was discussed with the Ministry of Health, H.M. Customs Chief Officer, The Harbour Master, a Senior Pilot, and the Port Medical Officer, and finally it was left to the discretion of the Medical Officer as to its suitability or otherwise.

(5). PARTICULARS OF ANY STANDING EXEMPTIONS FROM THE PROVISIONS OF ARTICLE 14.

(1) Where a ship (whether a foreign-going or not) arrives in a district from a foreign port and it appears to the Customs Officer from answers to questions in a declaration of health or from answers to enquiries made by him or otherwise—

(a) that during the voyage (or, where the voyage has lasted more than six weeks, during the last six weeks) there has been on the ship a death from illness suspected to be of an infectious nature or a case of such illness; or

(b) that the ship has called at a port or seaboard included in the list referred to in Article 11; or

(c) that during the voyage (or, where the voyage has lasted more than six weeks, during the last six weeks) plague has occurred or been suspected amongst rats and mice on the ship or sickness or death not attributable to poison or other measures for destruction has occurred amongst the rats or mice on the ship.

he shall direct that the ship shall be taken to and detained at a mooring station unless the medical officer or other authorised officer of the sanitary authority otherwise allow.

(2) The medical officer may also direct that a ship arriving from a foreign port shall be detained for medical examination, and may hand a notice in writing to that effect to the customs officer who, if he is the first officer to visit the ship, shall deliver the notice to the master.

No Standing Exemption under this Article was issued during the year.

(6). EXPERIENCE OF WORKING OF ARTICLE 16.

During the year in no case was it necessary to enforce the provisions of this Article.

(7). ARRANGEMENTS FOR MEDICAL INSPECTION.

(a) PREMISES AND WAITING ROOMS.

Port Medical Officer's Office, Port Health Inspectors' Office.

(b) CLEANSING AND DISINFECTION.

The Port Health Officers undertake the disinfection of infected quarters, and infected bedding is removed to the Public Health Centre for steam disinfection.

Verminous persons are removed by ambulance to the Public Health Centre where they are bathed, and their clothing and other articles are disinfected by steam.

(c) Premises for the temporary accommodation of persons for whom such accommodation is required for the purposes of the Regulations. There is none.

(d) Hospital accommodation available for Plague, Cholera, Yellow Fever, Small Pox and other infectious diseases.

(i) Cholera, Yellow Fever and Plague.

Arrangements have been made for the treatment of persons suffering from Plague, Cholera, and Yellow Fever at the Council's Isolation Hospital, Weycock Road. This Hospital is also used for cases of Small Pox. No other types of infectious disease are dealt with at this Institution.

(ii) Diphtheria and Scarlet Fever.

Cases of Diphtheria and Scarlet Fever occurring in the Port are removed to the Infectious Diseases Hospital of the Barry Urban District Council.

(iii) Small-pox and Chicken-pox.

Cases of small-pox and chicken-pox occurring in the Port of Barry, are removed to the Small Pox Hospital of the Barry Urban District Council.

(iv) Other Infectious Diseases.

On account of the fact that there are no cubicle wards in the Barry Infectious Diseases Hospital, the Council have made arrangements with the Cardiff City Council to receive patients suffering from diseases of the enteric group, cerebro-spinal meningitis, acute poliomyelitis, encephalitis lethargica, erysipelas, and meningitis other than tuberculous.

The charge for these cases being based on the cost per patient day for each previous year. For 1938 this worked out at 8/6d. per patient day.

Other cases of infectious sickness landed from vessels, such as dysentery, malaria, influenza, pneumonia and measles are admitted to the Royal Hamadryad Seamen's Hospital, Cardiff.

Cases of scabies are treated at the Public Health Centre.

(e) AMBULANCE TRANSPORT.

A motor ambulance for Infectious Disease is provided by the Barry Urban District Council.

(f) SUPERVISION OF CONTACTS.

Contacts if allowed to remain on the ship are kept under daily observation by the Port Medical Officer. If after examination they are permitted to proceed to their own homes, their names and addresses are taken and notification is sent to the Medical Officer of Health of the district to which they are going.

(8). BACTERIOLOGICAL EXAMINATION OF:—

(1) Rats for Plague.
(2) Other bacteriological or pathological examinations.

This work is carried out at the Cardiff and County Public Health Laboratory, The Parade, Cardiff.

(9). TREATMENT OF VENEREAL DISEASE.

Arrangements for the Detection and Treatment of Venereal Diseases amongst Seamen.

Careful inquiry is always made of the responsible officers of ships relating to the possibility of cases of venereal disease amongst the crew, and leaflets with full directions are distributed to masters of vessels.

The following table gives details relating to treatment of Venereal Disease during the year.

SEAMEN TREATED AT VENEREAL DISEASES CLINIC, 1938.

1938.	Syphilis.	Soft Chancre.	Gonorrhoea.	Non-Venereal.	Totals.
CASES.					
Total	30	2	57	8	97
New	16	1	34	5	56
ATTENDANCES.					
Total	117	2	220	13	352
New	77	1	128	10	216

INFECTIOUS DISEASE.

TABLE V.

Table C. (Ministry of Health).

Cases of Infectious Sickness Landed from Vessels, 1938.

Disease.	Number of cases during 1938.		No. of Vessels concerned.	Average No. of Cases for previous five years.
	Passengers.	Crew.		
Erysipelas	—	—	—	0.045
Chicken Pox	—	—	—	0.006
Diphtheria	—	—	—	0.019
Dysentery	—	—	—	0.033
Enteric	—	—	—	0.090
Influenza	—	1	1	0.501
Malaria	—	3	3	0.870
Measles	—	—	—	0.033
Pneumonia	—	—	—	0.065
Tuberculosis	—	—	—	0.159
Venereal Disease	—	6	4	1.433
Scabies	—	—	—	0.039

TABLE VI.

Table D. (Ministry of Health).

Cases of Infectious Sickness occurring on Vessels during the Voyage, but Disposed of prior to Arrival.

Disease.	Number of cases during 1938.		No. of Vessels concerned.	Average No. of Cases for previous five years.
	Passengers.	Crew.		
Enteric	—	—	—	0.073
Influenza	—	1	1	0.327
Malaria	—	—	—	0.165
Mumps	—	—	—	0.013
Plague	—	—	—	0.011
Pneumonia	—	1	1	0.218
Small Pox	—	—	—	0.029
Tuberculosis	—	—	—	0.065
Venereal Disease	—	—	—	0.061
Dysentery	—	—	—	0.100
Chicken Pox	—	—	—	0.16

TUBERCULOSIS.

The following report was submitted on the question of Tuberculosis incidence amongst Seafarers, especially considered under two heads, as follows:—

1. Does the occupation of seafaring predispose more than other occupations to tuberculosis and other respiratory diseases?

2. If that selective incidence in respect of seafarers does exist at all, does it exist only on vessels that operate in temperate climates or does it apply also to vessels that operate in tropical climates?

During the period 1921—1935, fifty-five cases of tuberculosis were landed from vessels arriving at Barry Docks. Out of twenty-three seamen diagnosed as suffering from tuberculosis by the Tuberculosis Officer in the same period, sixteen had died up to the end of 1936, while of the remainder, three were known to be alive, and four were "lost sight of."

An investigation into the incidence of Tuberculosis in Barry during the five years 1931-35, showed a large number of seamen notified as suffering from tuberculosis.

The number of seamen notified was as follows:—

Year.	British.		Foreign.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1931	4	—	1	—
1932	4	—	3	—
1933	2	2	2	—
1934	4	—	1	—
1935	2	—	2	1
Totals	17	2	9	1

The total number of males notified as suffering from pulmonary tuberculosis was 122, and seamen accounted for 21.3% of this total, of which foreign seamen accounted for 7.4%.

The total number of deaths from tuberculosis amongst seamen during the same period was 19 as shewn in the next table.

Year.	BRITISH.		FOREIGN.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1931	4	—	3	—
1932	3	—	—	—
1933	1	—	2	—
1934	2	—	—	—
1935	2	1	1	—
Totals	12	1	6	—

As the total number of male deaths from pulmonary tuberculosis amounted to 88, seamen, therefore, account for 20.5%.

It was not possible to obtain exact details of the number of seamen resident or allocated to Barry, but after intensive investigation made in the district, the figure of 508 has been ascertained, and there is reason to believe that this is fairly accurate. Of these 508, 96 were foreign seamen.

The following table, has, therefore, been prepared to show the extent of the disease in this occupation.

No. of seamen notified as suffering from T.B. (all forms) 1931-35.		Incidence rate per 1,000 seamen.		No. of deaths of seamen from T.B. (all forms) 1931-35.		T.B. death-rate per 1,000 seamen.		Barry normal Crude T.B. death-rate per 1,000 population, 1931-35.	Barry Crude T.B. death-rate minus seamen, 1931-35.
Brit.	For.	Brit.	For.	Brit.	For.	Brit.	For.		
19	11	9.2	22.9	13	6	6.3	12.5	1.073	0.989

The total number of foreigners, male and female, who died from pulmonary tuberculosis in Barry during the five years was 12. This number forms 6.7% of the total number of pulmonary deaths within that period, and this gives further indication of the high mortality amongst the foreign population, and its influence on the total death-rate.

The death rates from pulmonary tuberculosis in certain occupations are given in the following table taken from Collis' Milroy Lecture.

DEATH RATE PER 1,000 FROM TUBERCULOSIS (PULMONARY) IN CERTAIN OCCUPATIONS.

Brick-Maker	0.9
Coal miner	1.0
Mason (limestone)	1.4
Iron-ore miner	1.5
Slate worker	1.8
All males (England and Wales), 15 years and over	2.1
Potter	3.1
Lead miner	3.9
Cutler (Sheffield)	5.9
Granite Cutter (Aberdeen)	6.2

It will be noted that the death-rate for British seamen is 6.3 per 1,000, whereas the average for *all* males for England and Wales is 2.1 per 1,000. Again, the occupations in which the phthisis death-rate is greater than the death-rate in British seamen, are specialised and isolated trades and cannot really be compared with a generalised occupation such as seafaring.

The death-rate for foreign seamen is approximately double that of British seamen. Incidentally, this fact bears out a statement made by the late Professor Osler some forty years ago in regard to tuberculosis and nationality.

A further table is appended showing the occupational incidence of tuberculosis in males for Cardiff, taken from a paper, "Slum Clearance at Sea," by Dr. J. Greenwood Wilson.

OCCUPATIONAL INCIDENCE OF TUBERCULOSIS.

	Per cent.	Mean Annual Case-rate per 1,000.
Bakers and Confectioners	0.55	2.46
Butchers	0.68	2.56
Tailors	0.46	3.82
Printers	0.46	1.74
Factory Workers	0.36	0.62
Laundry workers	0.23	0.61
Upholsterers	0.29	0.20
Warehousemen, etc.	1.33	2.25
Railway workers	1.98	1.78
Engineers and Fitters	1.73	2.00
Boilermakers, Iron and Steelworkers	0.94	0.78
Electricians	0.68	2.06
Building Artisans	4.20	2.23
Seamen	18.33	12.55
Hairdressers	0.42	3.36
Colliers	0.42	3.13
Gardeners	0.36	2.03
Labourers (various)	11.85	3.88
Barry, 1931-35.		
Seamen (British)	11.7	9.2
Seamen (Foreign)	6.7	22.9

From this data it will be seen that the occupation of seafaring does predispose to tuberculosis more than most other occupations, especially amongst the foreign seamen.

As the vessels entering Barry Docks trade largely to and from tropical climates, tuberculosis exists on vessels that operate both in temperate and tropical climates.

The Barry statistics are taken from a special report of the Welsh National Memorial Association of an Investigation into the Incidence of Tuberculosis by Dr. J. Glyn Cox.

V. MEASURES AGAINST RODENTS.

The figures relating to rat destruction, deratisation certificates, deratisation exemption certificates issued during the year can be found in Tables 10 and 11.

Measures of rat destruction on vessels during the year are given in Table 12.

Continuous measures against rat prevalence of premises in the vicinity of the docks, on quays, wharves, warehouses, etc., are carried out.

TABLE VII.

Rats Destroyed during 1938. Table E. (Ministry of Health).

(1). On Vessels.

Number of Rats.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year.
Black Rats ...	279	147	56	62	67	103	106	44	37	182	31	21	1,135
Brown Rats ...	22	25	22	27	27	34	35	17	11	15	8	93	336
Species not recorded	9	8	4	3	6	13	5	1	–	10	13	—	72
Rats examined ...	58	8	13	33	26	11	27	8	6	18	10	18	236
Rats infected with Plague ...	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE VIII.

Table F. (Ministry of Health).

(2). In Docks, Quays, Wharves and Warehouses.

Number of Rats.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year.
Black Rats ...	—	—	2	1	1	3	2	—	1	—	1	—	11
Brown Rats ...	12	16	13	17	22	9	14	11	19	21	10	9	173
Species not recorded	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats examined ...	3	3	5	5	6	2	3	2	3	6	4	2	44
Rats infected with Plague ...	—	—	—	—	—	—	—	—	—	—	—	—	—

VI. HYGIENE OF CREWS' SPACES.

All ships are inspected by the Sanitary Inspectors of the Port Health Authority as soon as possible after berthing.

Inquiries are made as to the occurrence of any cases of sickness during the voyage, or if any member of the crew is at present sick or suffering from venereal disease; rat prevalence and rat mortality; the source of the water supply, cleansing of tank and bilges, and all matters affecting the health of the crew.

The living quarters are inspected, and in the event of any defects, notices are served requiring the necessary remedial work to be carried out.

DEFECTS OF SANITATION.—During the year 466 informal notices were served on owners and masters of vessels requiring them to remedy defects discovered after routine inspections. These notices specified 1,197 defects of sanitation and represented 134 defects of original construction, 408 wear and tear, and 655 lack of cleanliness.

Considerable difficulty was experienced in securing the compliance of certain of these notices, particularly where the provision of sanitary tanks and the removal of trough closets were called for. Representations were made in certain cases to the officials of the Board of Trade and their co-operation sought in the carrying out of necessary remedial work. The standard of sanitation on certain vessels still leaves much to be desired and it requires constant and persistent inspection and re-inspection to enforce improved conditions. The greatest difficulty experienced in an exporting port in getting remedial work carried out is due to the shortness of stay of vessels in such ports and many owners are prepared to carry out certain suggestions to improve conditions but the time factor prevents them. This indicates that in importing ports where the stay is longer there is a very much better opportunity of securing compliance with sanitary notices.

Reviewing the present standard of accommodation on the tramp class vessel, I find that where efforts have been made to improve conditions so as to give added comfort to the crew, seamen readily respond to such conditions and take added interest in maintaining a fair standard of cleanliness. It is true to say that the better the conditions the better the crew.

TABLE IX.

TABLE J. (Ministry of Health). CLASSIFICATION OF NUISANCES.

Nationality of Vessels.	No. inspected during 1938.	Defects of original construction.	Structural Defects through wear and tear.	Dirt, Vermin and other conditions prejudicial to health.
British	559	53	198	380
Other Nations	427	81	210	275

VII. FOOD INSPECTION.

1.—Action Taken Under :—

The Public Health (Imported Food) Regulations, 1925-1933.
The Public Health (Imported Milk) Regulations, 1926.
The Public Health (Preservatives, etc., in Food) Regulations, 1927.

During the year 168,055 tons of grain as compared with 145,118 tons for 1937 were imported. (There were forty-one cargoes from foreign ports, and sixty-two from home ports). 6 tons of grain was discovered unfit for milling and destroyed.

Considerable quantities of foreign and chilled meat which arrived by rail for storage in the Cold Stores were inspected during the year, and found to be in good condition. 162 lbs. of rabbits were found unfit for human consumption and destroyed.

2.—Shellfish.

There are no shellfish beds or layings within the jurisdiction of the Port Health Authority.

3.—Number of Samples of Food Examined by :—

(a) Bacteriologist.

Nature of Sample
Result of Examination } Nil.

(b) Analyst.

Nature of Sample
Result of Examination } Nil.

VIII. OTHER INSPECTIONS.

(a) Factories and Workshops.

The Port Health Inspectors made frequent inspections of the sanitary conveniences on the dockside during the year. All nuisances discovered have been reported upon and the remedial work carried out. The conditions from a public health point of view are satisfactory.

(b) Foreign Animals Orders 1910-1919.

These orders prohibit the importation of animals into British home ports, scheduled ports, and countries, and also provide for the disinfection and cleansing of vessels on which animals are carried.

One hundred and thirty-three dogs, 136 cats, 3 pigs, 3 bullocks, 1 chetah and 12 parrots were brought to the port on vessels.

(c) (Parrots Prohibition of Import) Regulations, 1930.

PSITTACOSIS.

The Parrots (Prohibition of Imports) Regulations, 1930, are still in force, and during the year 1938, the number of orders issued was twelve.

(d) Dangerous Drugs Act 1920 *and* 1923.

Four certificates for supply of scheduled drugs under these Acts were issued during the year.

TABLE X.

TABLE G. (MINISTRY OF HEALTH). *Measures of Rat Destruction on Plague "infected" or "suspected" Vessel or Vessels from plague infected ports arriving in the Port during the year.*

Total Number of such Vessels arriving. 1.	Number of such Vessels fumigated by SO_2 2.	Number of Rats killed. 3.	Number of such Vessels fumigated by HCN. 4.	Number of Rats killed. 5.	Number of such Vessels on which trapping, poisoning, &c., were employed. 6.	Number of Rats killed. 7.	Number of such Vessels on which measures of Rat destruction *were not carried out.* 8.
—	—	—	—	—	—	—	—

TABLE XI.

TABLE H.* (MINISTRY OF HEALTH). *Deratisation Certificates and Deratisation Exemption Certificates issued during the year.*

NET TONNAGE. 1.	No. of Ships. 2.	NO. OF DERATISATION CERTIFICATES ISSUED.					No. of Deratisation Exemption Certificates Issued. 8.	Total Certificates Issued. 9.
		After fumigation with			After Trapping, Poisoning, etc. 6.	Total. 7.		
		H.C.N. 3.	Sulphur. 4.	H.C.N. and Sulphur. 5.				
Ships up to 300 tons	11	—	—	—	—	—	11	11
,, from 301 tons to 1,000 tons	44	—	—	—	—	—	44	44
,, from 1,001 ,, 3,000 ,, ...	138	10	51	—	—	61	77	138
,, from 3,001 ,, 10,000 ,, ...	99	12	30	2	—	44	55	99
, over 10,000 tons	—	—	—	—	—	—	—	—
TOTALS	292	22	81	2	—	105	187	292

* Applicable only to those Ports approved by the Minister of Health for the issue of Deratisation Certificates and Deratisation Exemption Certificates in accordance with the provisions of Article 28 of the International Sanitary Convention, 1926. (Form Port 11).

TABLE XII.

Measures of Rat Destruction on Vessels during the year.

Number of Vessels fumigated by SO_2 1.	Number of dead Rats recovered. 2.	Number of Vessels fumigated by HCN. 3.	Number of dead Rats recovered. 4.	Number of Vessels fumigated by HCN. and Sulphur. 5.	Number of dead Rats recovered. 6.	Number of Vessels on which trapping, poisoning, &c., were employed. 7.	Number of dead Rats recovered. 8.
81	1,098	22	297	2	139	1	19

SCHOOL MEDICAL SERVICE.

1. STAFF.

(a) Medical.—The medical staff of the School Medical Service is composed of the following officials :—

(1) The Medical Officer of Health, who is also the School Medical Officer.

The Assistant School Medical Officer, who is also Deputy Medical Officer of Health.

The School Dentist, also Dentist for Maternity and Child Welfare.

Surgeon, Ear, Nose and Throat Clinic, also Surgeon to the Accident and Surgical Hospital.

Ophthalmic Surgeon to the School Medical and Maternity and Child Welfare Services (Part-time).

(b) Nursing.—There are five School Nurses whose appointments are combined posts of Health Visitors and School Nurses. One third of their time is devoted to the School Medical Service and two thirds to Maternity and Child Welfare duties.

A Dental Nurse assists the School Dentist at the Dental Clinic.

(c) Clerical.—Two clerks are engaged in the clerical work relating to the medical inspection and treatment of school children.

2. SCHOOL BUILDINGS.

The schools generally are well built and ventilated, the lighting, heating, equipment and sanitation of high standard. The playgrounds are in good condition and the surfaces smooth, although in some cases they are on the small size and very inclined.

The re-organisation of the schools will no doubt still further improve the standard in regard to one or two deficiencies, namely, the provision of a constant hot water supply in every department, better facilities for the drying of wet clothing and boots, more individual attention to personal cleanliness of the child by an adequate supply of soap and towels.

3. MEDICAL INSPECTION.

The numbers of children medically examined at routine and special inspections and re-inspections are classified in Table 1.

1,539 school children were examined at routine inspections, as compared with 1,603 in the year 1937. The number of children specially examined was 1,822, compared with 1,776 for the previous year The number of re-inspections was 3,303 as compared with 3,188 for 1937.

4. FINDINGS OF MEDICAL INSPECTION.

Table IIA shows details of diseases and defects found at routine and special inspections to require treatment or to be kept under observation.

(a) Uncleanliness.—The number of cases of uncleanliness found on routine inspections has slightly decreased.

Head.—2.79 per cent. of the children routinely inspected required treatment for abnormal conditions, being a decrease of 1.32 per cent as compared with last year.

Body.—2.58 per cent. of the children at the routine inspections required treatment for uncleanliness of the body, as compared with 2.99 for 1937.

(b) Minor Ailments.—These consist of cuts, sores, bruises, abcesses, colds, and indefinite illnesses not classified under subsequent headings. These cases form a large proportion of cases treated at the clinics, as detailed in the appended tables.

(c) Tonsils and Adenoids.—The number of cases shows a decrease as compared with last year. The routine inspections disclosed 4.8 per cent of the children requiring operative treatment, as compared with 4.8 per cent. last year.

(d) Tuberculosis.—These cases were referred to the Tuberculosis Medical Officer; special cases were also submitted to him by the School Medical Officer, when in doubt. The Tuberculosis Medical Officer issued certificates of fitness to the School Medical Officer of children between the ages of 5 and 14 years. Copies of these certificates were forwarded to the attendance department and the schools concerned.

The number of cases of this disease shows a decrease as compared with the previous year. The total number of cases requiring treatment being 3. All of which were non-Pulmonary Tuberculosis.

(e) Skin Disease.

Ringworm.—0.00 per cent. of the routine examinations and 0.05 of the Special Cases, as compared with 0.00 and 0.112 respectively in 1937, were discovered to be suffering from ringworm of the scalp. This shows a slight decrease in the number of cases.

The number of cases of ringworm of the body was 21, being 4 more than last year.

Scabies.—0.194 per cent. of the routine examinations and 2.74 of the special cases, as compared with 0.187 and 4.89 respectively in 1937, were discovered to be suffering from scabies. This shows a decrease in the number of cases.

Impetigo.—0.12 per cent. and 7.2 per cent. of the routine and specials were referred for treatment This shows a slight increase on the previous year.

(f) External Eye Disease.—During the year 0.51 per cent. routine examinations and 5.9 per cent. special examinations were referred for treatment, as compared with 0.43 and 5.4 for 1937.

(g) Vision and Squint.—The number of cases of defective vision discovered on routine examination gives a percentage of 3.8 this shows a decrease as compared with the previous year. The percentage of cases of defective vision amongst special cases is 6.4 and shows a slight decrease. Twenty-one cases of squint were found, compared with 24 of last year.

(h) Ear Disease and Hearing.—Hearing was defective in 0.12 per cent. routine and 0.05 of the special examinations. Middle Ear and other diseases of the ear show an increase in number. Chronic Otorrhoea is still the commonest form of ear disease found amongst school children.

(i) Dental Defects.—The average attendance per session for treatment was 12. Details of Dental Treatment are given in Group V of Table IV.

Table IC shows that of the 1,376 school children routinely inspected in the three code groups, 151 or 10.97 per cent. were found to require treatment for disease or defects other than uncleanliness and dental diseases.

5. INFECTIOUS DISEASES.

During the year there was no necessity for taking action to close schools owing to an epidemic.

There were 101 cases of Scarlet Fever and 240 cases of Diphtheria amongst the school children. Of all the cases of these diseases notified in the district, 78.1 per cent. of the Scarlet Fever cases and 80.26 per cent. of the Diphtheria cases were amongst children of school age.

An account of steps taken to combat the high incidence of diphtheria in school children is given in the section dealing with "Control of Infectious Diseases."

6. FOLLOWING UP.

The arrangements for the following-up of children suffering from physical defects has been described in detail in previous reports.

During the year 859 visits were made by the school nurses to such cases as chicken pox, tuberculosis, infectious eye diseases, skin diseases, etc.

7. MEDICAL TREATMENT.

(a) Minor Ailments.—The figures relating to this subject are given in Table IV, Group I., and comparison with last year are generally satisfactory.

(b) Tonsils and Adenoids.—During the year 147 cases of enlarged tonsils and adenoids were operated on under the Authority's scheme at the Clinic.

(c) Tuberculosis.—Cases of tuberculosis or suspected cases are referred to the Tuberculosis Officer. The cases are then taken over by him for treatment, and detailed reports are sent by him to the School Medical Officer, including fitness for school or otherwise. If institutional treatment is required, the cases are admitted to one of the Welsh National Memorial Hospitals. When the cases have been completed as far as active treatment is concerned, observation of the cases is periodically carried out by the School Medical Officer.

Particulars of treatment of Tuberculosis have been included in Table XVII of the Report on Public Health Service.

(d) Skin Diseases.—A very large percentage of cases treated at the Clinic consists of skin conditions, such as infectious sores, scabies and inflammatory conditions of the skin.

Ringworm.—Arrangements have been made with the Cardiff City Authority for X-Ray treatment of ringworm. No case of this disease received treatment during the year.

(e) External Eye Disease.—The number of cases of this defect treated at the Special Clinic for diseases of the eye has slightly increased. The majority of the cases being Blepharitis and Conjunctivitis.

(f) Vision.—The total number of children for whom spectacles were prescribed for defective vision shows a slight decrease over the previous year.

(g) Ear Diseases and Hearing.—The more difficult cases of ear disease and also cases of defective hearing are referred to the Aural Specialist at his weekly visit. These cases being seen by him at the Clinic.

(h) Dental Defects.—The average attendance per session for treatment was 12.0. Details of Dental Treatment are given in Group V of Table IV.

(i) Crippling Defects and Orthopædics.—During the year 41 elementary school children suffering from congenital and paralytic deformities received treatment at the Prince of Wales' Hospital, Cardiff, through the agency of the Neale Trust.

8. PHYSICAL TRAINING.

The Class Teachers carry out this work, and the syllabus issued by the Board has been closely followed. The playgrounds are very suitable for the instruction of children in exercises.

During the year no new playing fields have been acquired, but it is interesting to note that the new recreation ground near the Barry Island Station has been placed at the disposal of the Island School for general physical training during chool hours, and for football and games at stated periods out of school hours.

In connection with the Physical Training and Recreation Act, 1937, a local Committee has been set up by the Education Committee to conduct a survey of the local facilities and needs of physical training. The Committee is composed of representatives of the local Education Authority and other organisations interested in physical traaining. This Committee is at present preparing a report for consideration, prior to its presentation to the Area Committee for Wales.

In conjunction with other Part III Authorities in Glamorgan, arrangements are being made with the Glamorgan County Council to unify the organisation of the work of physical training in the County. This will enable Barry to have the services of the part-time organisers.

9. PROVISION OF MEALS.

MILK IN SCHOOL SCHEME.—A detailed report on this subject appeared in my Annual Report for 1936. The number of children receiving milk on medical grounds for the year under review was 829, this figure shows an increase compared with that of 1937. The number of children receiving milk paid for by parents was 2,205, therefore the total number of children taking advantage of this Scheme was 3,034. The percentage figure of children receiving milk is 60.8. This figure is above the average for England and Wales for the year ending March 31st, 1937.

As in previous years, the children of the Special School have been in receipt of dinner each day of attendance.

NUTRITION.—Detailed specimen diets given at the Free Meal Centres under the Education Authority appeared in my Annual Report for 1937.

A study of Table B on the state of nutrition of children inspected during the year under the headings as laid down by the Board of Education, shows that the normal nutritional state was found in 85.38% of children examined; in eleven children or 0.71% the nutrition was described as excellent; 210 children or 13.64% examined was classified as "C," i.e., slightly sub-normal; and four children or 0.26% were classified as bad. It should be pointed out that this classification is based on clinical findings, and naturally varies to some extent according to the experience of the medical examiner. These figures compare very favourably with those throughout the country generally. Malnutrition is by no means confined to the poorer section of the community, and is in many ways an unfortunate designation. When present in some families, it is due to a lack of knowledge of family catering and cooking. The aim of every housewife should be to prepare simple yet savoury and economical meals.

The British Medical Association's Nutrition Committee after examining a large number of household budgets, state that the average housewife, with no expert knowledge of calories and proteins, does in fact purchase by a "rule of thumb" method, foodstuffs which broady approximates to dietaries considered by physiologists to be satisfactory. But this is subject to her purchasing powers. When the amount of money available is inadequate, she must economise. She has to buy a smaller proportion of expensive proteins and fats and a higher proportion of cheap carbohydrates. Diet is the chief factor in the development of the body, and the prevention of disease.

I should like to point out that in Barry, apart from organising a daily milk ration and school dinners to those who need them, the children are taught the value of essential foods, and all senior girls learn to cook four or more plain wholesome dinners. But alas! it appears that after leaving school much of the knowledge gained is not put into practice. As an example, we have forgotten how to make the "Welsh cawl" or broth upon which so many of us were reared. Also the tin opener has supplanted the good old-fashioned cooked dinner with its gravy and vegetables. Knowledge of dressmaking, hygiene and physiology too, is very important to supplement good food and cooking. Other essentials of good health and physical fitness are fresh air, regular habits, suitable clothing and sufficient sleep.

As mentioned above, the medical assessment of malnutrition is a matter which is very difficult to feel certain about. The category classified as "C" (slightly sub-normal) from a medical standpoint is a serious one, and generally it is apt to be regarded far too lightly. Modern stress and strain can soon cause debility amongst those represented as slightly below normal.

The necessity for the provision of meals for the children of poor families was less than last year. During the year 226 children received 43,173 free meals at an average cost per head of 2.01d. for food only. Total cost per meal 6.17d.

10. SCHOOL BATHS.

None of the schools in the area have been provided with baths.

11. CO-OPERATION OF PARENTS.

The proportion of parents who attend the routine examinations is about 90 per cent.; the percentages of parents attending the Clinics may be estimated at 75 per cent.

12. CO-OPERATION OF TEACHERS.

As in past years, the School Medical Officer has had every assistance from the Teaching staff of the schools in medical inspection and treatment of school children.

13. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

Where for any reason a child is excluded from school by the School Medical Officer, an exclusion certificate is given to the School Attendance Officer, and on the child being fit to return to school a return certificate is issued to the School Attendance Officer, who then follows up the case.

The average attendance for all schools during the school year was 87·48 per cent.

14. CO-OPERATION OF VOLUNTARY BODIES.

The Neale Trust have during the year granted the following benefits to the poor children of Barry:—

FOOTGEAR.

Boys	33
Girls	16
Total	49

During Christmas Day, 1938, the meals of the poor children of the district supplied by the Education Committee were supplemented by provisions granted by the Trust. Over 200 children were fed.

15. EXCEPTIONAL CHILDREN.

In Tables III and IIIa will be found details of the exceptional children in the area.

In addition tentative arrangements were made during the year for any suitable cases to be referred to the Cardiff City Child Guidance Clinic. Guild Guidance although not a new speciality is of fairly recent origin. It is about the same age as pædiatrics, and like this subject did not emerge as a new invention or new growth, but evolved as the result of various tendencies in the welfare of children.

During the last twenty years the problem of the difficult and maladjusted child has been intensively studied, and it is recognised that in any community something like 1% of the children find difficulty in adjustment and would be the better for special skilled treatment if this is available. In this figure the ascertained mental defectives are not included.

One case was referred to this clinic and a detailed report was received.

16. NURSERY SCHOOLS.

The question of Nursery Schools has been discussed from time to time. However, a large number of children between the ages of three and five years are attending the Infant Departments of the Elementary Schools. It should be pointed out that the Education Act, 1921, authorises Local Education Authorities for elementary education to provide or aid Nursery Schools (including Nursery Classes) for children over two years and under five years of age, whose attendance at such school is necessary or advisable for their physical or mental development. Day Nurseries, it will be remembered, are under the control of the Maternity and Child Welfare Authority. The Nursery Schools in this Country developed from the free Kindergartens for poor children that were established by Voluntary Agencies in several large towns during the last thirty years of the nineteenth century.

The chief differences between Nursery Schools and Nursery Classes are as follows:—

(a) Nursery Schools provide for children between two and five years, whereas in Nursery Classes the age admission is usually three to five.

(b) The provision of mid-day dinner is an important feature of Nursery School work, whereas in Nursery Classes children go home to the mid-day meal.

(c) The hours of opening in a Nursery Class conform to those of a public elementary school; the Nursery School provides a longer day.

(d) Medical inspection and treatment is more thorough and frequent in a Nursery School.

(e) The Nursery School is as a rule a detached unit, whereas the Nursery Class forms part of the infants' department.

In Barry the classes in the infants' departments which admit children under five years of age carry out, to a large extent, the functions of a Nursery Class. The number of entrants which fall under this category is 453 for the year 1938.

17. SECONDARY SCHOOLS.

There are in the town two Secondary Schools (one for boys and one for girls) belonging to the Glamorgan County Council.

There is also a Ladies' Training College with accommodation for 120 students.

The medical inspection of the students attending the County School is carried out by the School Medical Staff of the County Council.

18. CONTINUATION SCHOOLS.

No arrangements have been made for the medical inspection of pupils in attendance at Continuation Schools.

19. EMPLOYMENT OF SCHOOL CHILDREN.

The Bye-laws regulating the employment of Children under the Education Act has added to the duties of the school medical service, inasmuch as no child of school age may now be engaged for wage-earning employment unless a health certificate, signed by the school medical officer, has been obtained.

20. SWIMMING INSTRUCTION.

An arrangement has been made with the District Council for the use of the Swimming Pool at the Knap during the summer months. All the senior pupils attend for half-hourly lessons during school hours, a special conveyance being provided for transport purposes. The instruction is given by a well qualified Swimming Instructor. Last summer over 11,000 visits were made to the Pool under this scheme. At the conclusion of the session the pupils are tested and certificates of proficiency awarded to those who pass the required tests.

TABLE A.

Age.	Boys.			Girls.		
	Number.	Height. Cms.	Weight. Kgrms.	Number.	Height. Cms.	Weight. Kgrms.
3	3	95.2	16.0	9	96.4	15.1
4	97	104.8	16.4	106	103.9	17.5
5	75	106.1	17.7	57	105.9	17.6
6	26	110.8	18.5	28	110.5	18.8
7	24	115.7	21.3	20	117.1	20.1
8	201	124.2	24.1	230	123.9	24.1
9	11	126.9	25.7	14	126.9	25.2
10	23	133.5	29.2	38	128.5	28.0
11	14	139.6	32.7	19	135.9	30.1
12	248	140.7	33.6	251	140.6	33.0
13	11	149.9	35.5	15	147.2	37.7
14	8	151.0	41.0	11	158.9	42.8

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants	401
Intermediates	431
Leavers	544
Total	1,376
Number of other Routine Inspections	163
Grand Total	1,539

B.—Other Inspections.

Number of Special Inspections	1,822
Number of Re-Inspections	3,303
Total	5,125

C.—Number of *Individual Children* found at *Routine* Medical Inspection to Require Treatment (*Excluding* Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1).	For Defective Vision (excluding Squint) (2)	For all other conditions recorded. (3)	Total. (4)
Entrants	—	51	51
Second Age Group	13	18	30
Third Age Group	29	44	70
Total (Prescribed Groups)	42	113	151
Other Routine Inspections	17	20	36
Grand Total	59	133	187

TABLE II.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1938.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
1	Requiring Treatment. 2	Requiring to be kept under observation but *not* requiring Treatment. 3	Requiring Treatment. 4	Requiring to be kept under observation but *not* requiring Treatment. 5
SKIN—				
Ringworm:				
Scalp	—	—	1	—
Body	1	—	20	—
Scabies	3	—	50	—
Impetigo	2	—	142	—
Other Diseases (Non Tuberculous)	6	—	238	—
EYE—				
Blepharitis	7	—	23	—
Conjunctivitis	1	—	43	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	3	—
Defective Vision (excluding Squint)	59	15	117	30
Squint	7	—	14	2
Other Conditions	—	—	38	—
EAR—				
Defective Hearing	2	—	1	—
Otitis Media	5	—	78	—
Other Ear Diseases	2	—	89	—
NOSE AND THROAT—				
Enlarged Tonsils only	21	180	96	2
Adenoids only	1	6	3	—
Enlarged Tonsils and Adenoids	9	—	21	12
Other Conditions	23	2	751	2
Enlarged Cervical Glands (Non-Tuberculous)	3	86	51	—
Defective Speech	—	5	—	1
HEART AND CIRCULATION—				
Heart Disease:				
Organic	—	6	4	1
Functional	—	32	—	19
Anaemia	9	—	10	—
LUNGS—				
Bronchitis	2	—	15	—
Other Non-Tuberculous Diseases	3	27	86	1

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
1	Requiring Treatment. 2	Requiring to be kept under observation but *not* requiring Treatment. 3	Requiring Treatment. 4	Requiring to be kept under observation but *not* requiring Treatment. 5
TUBERCULOSIS—				
Pulmonary:				
Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary:				
Glands	—	—	1	—
Other Bones and Joints	—	—	1	—
Skin	—	—	—	—
Other Forms	1	—	—	—
NERVOUS SYSTEM:				
Epilepsy	—	—	1	—
Chorea	2	—	8	—
Other Conditions	—	—	49	—
DEFORMITIES:				
Rickets	—	1	—	—
Spinal Curvature	—	10	3	—
Other Forms	—	12	15	1
Other Defects and Diseases	33	11	426	1

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

AGE-GROUPS.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly Subnormal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	401	3	0.74	353	88.02	42	10.4	3	0.74
Second Age-group....	431	2	0.46	347	80.05	81	18.7	1	0.23
Third Age-group	544	4	0.73	477	87.6	63	11.5	—	0.0
Other Routine Inspections....	163	2	1.22	137	84.04	24	14.72	—	0.0
TOTAL	1,539	11	0.71	1,314	85.38	210	13.64	4	0.27

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling, or Heart Disease .... The actual combination of defects and the type of School, indicated on a separate table			1	2	3
Blind (including partially blind).	*(i).* Suitable for training in a School for the blind.	At Certified Schools for the Blind	1	—	1
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(ii). Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind	—	—	—
		At Public Elementary Schools	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Deaf including deaf and dumb and partially deaf).	*(i).* Suitable for training in a School for the deaf.	At Certified Schools for the Deaf	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(ii). Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf	—	—	—
		At Public Elementary Schools	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Mentally Defective.	Feebleminded.	At Certified Schools for Mentally Defective Children	—	—	—
		At Public Elementary Schools	8	8	16
		*At other Institutions	2	—	2
		At no School or Institution	—	—	—
	Notified to the Local Mental Deficiency Authority *during the year.*	Details given on Form 307 M.	1	—	1

* One boy attending a Private School.

TABLE III—*continued.*

			Boys.	Girls.	Total.
Epileptics.	Suffering from severe epilepsy.	At Certified Special Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Physically Defective.	Pulmonary tuberculosis (including pleura and intra-thoracic glands).	At Certified Special Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Non-pulmonary tuberculosis.	At Certified Special Schools	—	—	—
		At Public Elementary Schools	5	1	6
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Delicate children.	At Certified Special Schools	—	—	—
		At Public Elementary Schools	59	42	101
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Crippled children.	At Certified Special Schools	—	—	—
		At Public Elementary Schools	22	26	48
		At other Institutions	—	1	1
		At no School or Institution	1	2	3
	Heart Disease.	At Certified Special Schools	—	—	—
		At Public Elementary Schools	15	8	23
		At other Institutions	—	—	—
		At no School or Institution	—	1	1

TABLE IIIA.

RETURN OF CHILDREN SUFFERING FROM MULTIPLE DEFECTS

YEAR ENDED 31ST DECEMBER, 1938.

MULTIPLE DEFECTS.	SCHOOL OR INSTITUTION.	BOYS.	GIRLS.	TOTAL.
Feeble minded and severe Epilepsy	Attending Certified School for Mentally Defectives	—	1	1
Feeble minded and severe Epilepsy	At Institution	1	—	1
Feeble minded and Hemiplegia	Attending Certified School for Mentally Defectives	—	1	1
	Totals	1	2	3

TABLE IIIb (FORM 307m).

MENTAL DEFICIENCY (Notification of Children) REGULATIONS, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1938, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:		
(*a*) Idiots	—	—
(*b*) Imbeciles	—	—
(*c*) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
(*a*) Moral Defectives	—	—
(*b*) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	1	—
3. Feeble-minded children notified under Article 3, *i.e.*, "special circumstances" cases .... *Note.*—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority.	—	—
4. Children who in addition to being mentally defective were blind or deaf .... *Note.*—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).	—	—
Grand Total	1	—

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1938.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI).

Disease or Defect. (1).	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2).	Otherwise. (3).	Total. (4).
Skin—			
Ringworm—Scalp	1	—	1
Ringworm—Body	21	—	21
Scabies	53	—	53
Impetigo	144	—	144
Other Skin Disease	242	1	243
Minor Eye Defects	109	3	112
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	170	2	172
Miscellaneous	448	1	449
(*e.g.*, minor injuries, bruises, sores, chilblains, etc.)			
Total	1,188	7	1,195

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease. (1)	No. of Defects dealt with.				No. of Children for whom spectacles were			
					Prescribed (1)		Obtained (2)	
	Under the Authority's Scheme (2)	By Private Practitioner or at Hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)	(i) Under the Author-ity's Scheme.	(ii) Other-wise.	(i) Under the Author-ity's Scheme.	(ii) Other-wise.
Errors of Refraction (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report).	154	—	—	154	105	—	103	—
Other Defect or Disease of the Eyes (excluding those recorded in Group I).	—	—	—	—	—	—	—	—
Total	154	—	—	154	105	—	103	—

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.													
Received Operative Treatment.												Received other forms of Treatment. (4)	Total number treated. (5)
Under the Authority's Scheme, in Clinic or Hospital (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
1	—	145	1	—	—	—	—	1	—	145	1	416	563

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

TABLE IV.—*continued.*

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme (1).			Otherwise. (2).			Total number treated
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	2	—	39	—	—	—	41

GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Routine Age Groups — Aged:		
5	283	
6	183	
7	176	
8	145	
9	146	
10	175	Total 1,705
11	156	
12	171	
13	166	
14	104	

Specials	1,701
Grand Total	3,406

(b) Found to require treatment	2,763
(c) Actually treated	2,579

(2) Half-days devoted to:—

Inspection	10
Treatment	396
Total	406

(3) Attendances made by children for treatment	4,778

(4) Fillings:—

Permanent teeth	1,471
Temporary teeth	204
Total	1,675

(5) Extractions:—

Permanent teeth	695
Temporary teeth	2,239
Total	2,934

(6) Administrations of general anæsthetics for extractions	1,275

(7) Other operations:—

Permanent teeth	388
Temporary teeth	252
Total	640

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per School made during the year by the School Nurses....	8
(ii)	Total number of examinations of children in the Schools by School Nurses	19,851
(iii)	Number of individual children found unclean	473
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	—
(v)	Number of cases in which legal proceedings were taken:—	
	(a) Under the Education Act, 1921	—
	(b) Under the School Attendance Bye-Laws	—

I have the honour to be,

Your obedient servant,

E. I. DAVIES,
School Medical Officer.

HEALTH DEPARTMENT,
BARRY, *May, 1938.*

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